Confidential Client Intake and Medical History

Name:_____ Date of birth:_____ Today's date:_____
Best phone: _____Cell? ☐ Other: _____ Occupation: _____
Email address: _____
Address:_____ City:_____ State:_____ Zip: _____
In case of emergency, who should I contact? Name:_____
Phone:_____ Relationship:_____
Doctor's name:_____ Phone: _____ Last medical exam:_____
List any medications _____ Reasons: _____
Major illnesses:_____
Previous accidents or injuries:_____ _____
Previous surgeries or hospitalizations:_____
Do you exercise regularly?_____ What kind?_____ How often?_____
How did you hear about my practice?_____
Have you had a professional massage before?_____

Are you **currently** experiencing any of the following conditions? (Please check ☑ all that apply):

- ☐ Headaches, type _____ from_____
- ☐ Nausea, from_____
- ☐ **Cold/ Flu/ COVID-19 symptoms**
- ☐ Skin rash, from_____
- ☐ Sciatica (shooting pain, back of leg)
- ☐ Numbness/tingling, from_____
- ☐ Dizziness, from_____
- ☐ Arthritis, type_____
- ☐ Menstrual pain/ gynecological issues
- ☐ Respiratory problems (asthma, cough, Bronchitis, Emphysema, difficulty breathing, etc.)
- ☐ Joint dysfunction or replacements Where?_____
- ☐ Osteoporosis
- ☐ High Blood Pressure, controlled?_____
- ☐ Heart condition, type _____
- ☐ Circulatory conditions (cold hands/feet, varicose veins, blood clots, thrombosis/ embolism, stroke, lymphedema, etc.) type_____
- ☐ Cancer, type _____
- ☐ Diabetes
- ☐ AIDS symptoms
- ☐ Hepatitis, type:_____
- ☐ Pregnant, expectant date_____
- ☐ Allergies:_____
- ☐ Other conditions: _____

What specific focus do you need? (Check ☑ all relevant):

- ☐ Specific pain treatment. Pain caused by _____ What and when did this issue begin?_____
- ☐ Tension/stress relief. Where?_____
- ☐ Energy balancing, emotional/creative energy support, pure enjoyment, etc.
- ☐ Fully clothed, oil-free treatment.
- ☐ Other.

Client Signature:_____ Date:_____

Katharine McAbee, Certified Massage Therapist (CAMTC# 38913)

NOTICE OF MASSAGE PRIVACY PRACTICES

I am devoted to maintaining professional integrity in massage and bodywork. Your confidentiality is of the utmost importance to me. My confidentiality and privacy practices are as follows:

E-mails
I occasionally send out e-mails containing updates about my practice, information about new services and seasonal promotions. I understand that junk mail is annoying and will issue e-mail announcements sparingly. I respect your privacy and will never, under any circumstances, sell your contact information. Please initial ***only if you would like to opt out*** of these e-mails notifications: _____

I, however, reserve the right to use e-mail as a line of direct communication with any and all clients in addition to phone, text, in person.

Client Rights
You may make a written request to see or obtain copies of your records. You may request that amendments be made to your records if you identify an error or inaccuracy. Access to records will be made available by appointment only, within 30 days of receipt of your written request. A copy fee may be charged for duplication and mailing expenses of requested records. Records are sent by standard US mail, unless you request that they are sent via express mail (at client's expanse).

Client Records
Client records are secured in a locked file when not in use. For past clients without outstanding accounts, records are kept for 2 years. After that time, paper records will be destroyed and digital records deleted.

Disclosure of Records
No records or information are released to anyone without your written authorization, unless compelled by law (such as subpoenas) or as required for billing purposes. If authorized, by way of written or verbal consent, I may provide protected health information about you to health care providers, other practice personnel, or third parties who are involved in the provision, payment, management, or coordination of your treatment care.

Violations
You may make complaints to me or to the Secretary for Health and Human Services, US Department of Health and Human Services if you feel that I have violated your privacy rights. There will be no retaliation for filing a complaint. Written comments should be addressed to Katharine McAbee, Certified Massage Therapist: P.O. Box 945, Eureka, CA 95502-0945.

I (please print) _____ have received, read and understand this privacy policy as it relates to receiving massage from Katharine McAbee, CMT.

Signed:_____ Dated:_____

POLICIES

- A minimum of 24 hours must be given for cancellations. If a cancellation is made with less than 24 hours notice, the client will be charged full price (at the therapist's discretion);
- "No-shows" will be asked to pay full price for the missed appointment, prior to re-booking;
- Clients must be in clean attire and have a clean body. Clients with inadequate hygiene will be asked to reschedule.
- Clients suffering from health issues that will not benefit, or may worsen, from massage will not be treated. Instead, a referral to an appropriate medical professional will be made. Clients exhibiting signs/symptoms of an active illness or infection, including cold, flu or COVID-19, are required to call in and reschedule.
- Therapist and client boundaries are to be observed at all times. The therapist (Katharine McAbee, CMT), reserve the right to end a session if boundaries are not respected.
- The therapist reserves the right to refuse service to anyone, at any time, for any reason.

Professional therapist/client boundaries are to be practiced at all times. If for any reason you are uncomfortable during your massage, please let the therapist know so the issue can be promptly resolved. I reserve the right to end a session any time, for any reason. This includes if boundaries are not observed. As a Certified Massage Therapist, my job is to provide professional therapeutic and relaxation techniques, within my scope of practice. No sexual or erotic solicitations or behavior will be tolerated at any time. Such behavior will result in the immediate termination of the session, full payment due, and the event will be immediately reported to the authorities (i.e. police will be called).

My job is to provide you with a relaxing, therapeutic massage. Massage therapists do not provide medical diagnosis or treat disease or tissue damage. Massage is not a substitute or replacement for appropriate medical treatment. Please list any and all present health conditions on the Intake form i.e., "Confidential Client Intake and Medical History form" provided. If massage is contraindicated (not recommended/unsafe) for your condition, you will be referred to a medical doctor.

RELEASE OF LIABILITY

I, and my heirs, in consideration of my participation in massage and/or therapeutic bodywork at 350 E Street, Suite 402, Eureka, CA 95501, or any other location, hereby release Katharine McAbee, CMT, the sole owner connected with this business, from any and all liability for damage to or loss of personal property, sickness, or injury from whatever source, legal entanglements, imprisonment, death or loss of money, which might occur while participating in bodywork treatments. Specifically, I release said person from any liability or responsibility for my physical condition. I am aware of the risks of participation, which include, but are not limited to aggravation of my current (if any) musculoskeletal discomfort and dysfunction, increase in my current level of muscular tension, tissue inflammation, and/or medical spasm. I understand that this massage therapist does not provide medical insurance coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

Client name:_____

Client signature:_____ Date:_____