honeybee
HEALING ARTS

Intake Questionnaire

Full Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Ok to leave message? Y or N

Email: _____ Ok to email you? Y or N

Occupation: _____ Hours Seated per Day: _____

Emergency Contact: _____ Relationship: _____ Phone:_____

Have you received a professional massage before? Yes No

Referred by: _____

Medical History Health Conditions:

_____

Medications Being Taken (including OTC's):_____

_____

Do you have any allergies (please list): _____

Have you had any surgeries? If so, when:

_____

_____

How much water do you drink daily (ounces)?_____ How many caffeinated drinks? _____

Do you exercise regularly? List activities: _____

Are you currently seeing a doctor? Provide reason: _____

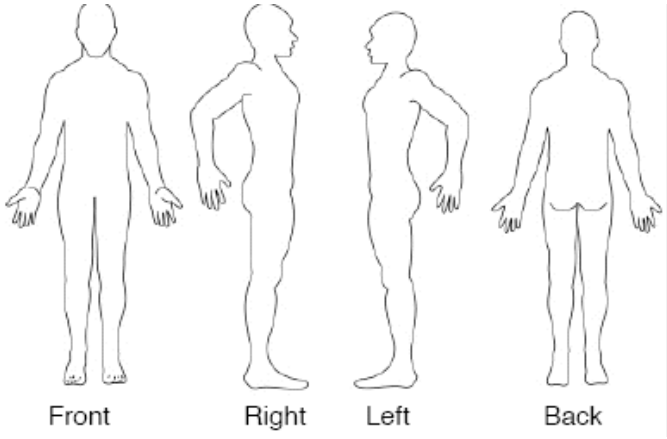
Are you pregnant or trying to conceive? _____

Do you have any rashes or skin conditions? _____

Are you sensitive to perfumes, lotions or oils? _____

Are there areas that you do ***not*** want worked on? _____

Please note any areas of tension or discomfort:



Please indicate explain any of the following conditions that you currently have:

___ Headaches
___ High/low blood pressure
___ Cancer
___ Allergies
___ Numbness or tingling
___ TMJ
___ Arthritis
___ Sprains/strains
___ Diabetes
___ Tendonitis
___ Recent injuries
___ Joint surgery
___ Blood clots
___ Carpel Tunnel Syndrome
___ Major accident
___ Neck/back injuries
___ Abnormal kin condition
___ Varicose veins
___ Fibromyalgia
___ Heart/circulation problems
____Other:

_____

_____

Please explain any conditions marked above:

I, _____, have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes. I understand that there shall be no liability on the therapist's part should I fail to do so. I have carefully read all the above information and am fully aware of what I am signing. I understand that I may ask the massage therapist for additional information before signing this consent form. I give my permission and consent to massage therapy.

Sign Name _____ Date_____

If under age of 18, guardian signature is required.

Massage Bodywork Consent and Privacy Policy

Massage Therapy: I understand that massage therapy and bodywork is intended to enhance relaxation, reduce stress, increase range of motion, and offer relief from muscular tension, spasm or pain. I also understand that it may increase circulation and energy and blood flow. If I experience any pain or discomfort during this session, I will immediately inform the massage therapist so that the pressure may be adjusted to my comfort level. I have been notified that, for therapeutic benefit, discomfort may be present and will be discussed and agreed upon by, both myself, and the massage therapist. The general benefits of massage therapy, possible contraindications, and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition that I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

Accessory Techniques: I understand that I may also be given acupressure and/or Tui-Na massage as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. They could include, but are not limited to: bruising, sore muscles or aches, pain or discomfort, and the possible aggravation of the symptoms existing prior to treatment. I understand that guasha and cupping therapy are for the purpose of relief from muscular tension or spasm and for increasing circulation and energy flow. Honeybee Healing Arts has informed me of these potential side effects and I understand their meaning and that I may refuse treatment.

Privacy Policy: The information received and collected from my visit is strictly private and confidential. It is used and viewed only by the healthcare professionals associated with Forward Movement & Massage, unless, in my best interest, a practitioner determines that there is a need to communicate with another person or healthcare professional outside of Honeybee Healing Arts will not give, share or transfer any personal information to a third-party unless required by law. Under absolutely no circumstances will this communication happen without my signed consent.

Pricing & Fees: Standard rate is $100/hour. Cancellations within 24 hours may be subject to paying full session fee, up to the therapists' discretion. Returned checks are subject to a $25 fee.

I _____ have received a copy of Honeybee Healing Art's Consent & Privacy Policy. I have read all policies and I understand them. The procedures of the massage, general information about massage and massage benefits, as well as specifics of the therapy, have been explained to me. I also understand that the therapist and I have the right to refuse or terminate the massage session at any time.

Sign Name _____Date_____
If under age of 18, guardian signature is required.