# Welcome!

The entire staff of Allegheny Muscle Therapy and Massage (AMTM) would like to welcome you to our office! We hope that you will find your experience to be positive and helpful with your care needs. We would like to take this opportunity to familiarize you with information about our office. Please do not hesitate to ask your therapist any questions if you have any concerns or comments! Thank you for choosing AMTM!

## Health Information

Upon arrival, you were asked to fill out a health history form. This form is to ensure that we can deliver the best care possible and make sure that you are healthy enough for massage/bodywork treatments. It is important that you fill the form out as honest and truthful while filling the information out. Your information will never be shared with others.

## Cancellation Policy

While our main goal is to provide you with the best care, we understand that emergencies and life happen. We hope that you can respect our times as much as we respect yours and have created a cancellation policy to best serve all of our clients and therapist's time and treatment.

## Therapists and Communication

There are several therapists working at AMTM and we encourage you to try all of us! Every therapist is different and we want to find you the best match. All we ask is that you communicate with your therapist. Communication allows us to create sessions that are geared 100% to you. Do not hesitate to ask us for a pressure adjustment, more blankets, or if you have any other specifications.

## Pre and Post Session

When you enter your session, your therapist will go over your health history and address any concerns you may have. Once the appropriate information is determined, your therapist will leave you with further instructions about placement and undressing. It is up to you on how much you wish to undress, if at all. During your session, you will remain covered except for the body part being worked on. Again, during the session we emphasize that if any adjustments need to be made that you inform your therapist. After your session, the therapist will work with you to determine a treatment plan and any specific aftercare recommendations.

## Gratuities

While not required, they are appreciated. Gratuities are best in cash but we can accept credit or debit cards and checks.

## Facebook and Testimonials

Yes, we are on Facebook! Please be sure to like our page and leave us any positive feedback! In addition to Facebook, we are always looking for testimonials. If you feel that you have had a really beneficial experience, we want to hear about it! Even if you did not have a positive experience, please let us know. Testimonials are a great way for us to learn and improve on how to better serve our clients.

*Please fill out the following information to the best of your ability. Please print clearly and legibly.*

**Contact Information:**

Name: _____ Date: _____
Date of Birth: _____ Gender: _____ Occupation: _____
Address: _____
City: _____ State: _____ Zip:_____
Phone: _____ Is this a (mark one); Cell: _____ Work: _____ Home: _____
If cell phone, can you receive text messaging? _____ Cell Phone Provider (Ex: Verizon, AT&T): _____
E-mail: _____ Emergency Contact:_____
Emergency Contact Phone: _____ Emergency Contact Relationship: _____
How were you referred to us? _____
Practitioner Name: _____ Do you have a physician referral/prescription? Yes/No

**Massage Information:**

Have you ever received professional massage/bodywork before? Yes / No
How recently? _____
What kind of pressure do you prefer? Light Medium Firm
What are your expected goals or outcomes for the massage/bodywork?
_____
_____
How do you feel today? _____
Describe your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.)
_____
_____
_____
Do these symptoms interfere with your activities of daily living (Ex: sleep, exercise, work, childcare, etc.)? If so, please explain:
_____
_____
List any current medications:
_____
_____
List any allergies, including skin irritations (nuts, coconut oils, lotions, or any sensitivity)
_____
_____

**Please circle your answer:**

| | | | |
|---|---|---|---|
| Are you wearing contacts? | Yes / No | Are you pregnant? | Yes / No |
| Are you wearing dentures? | Yes / No | | |
| Are you wearing a hairpiece? | Yes / No | How many weeks? | _____ |

**Health History:**
Have you had any injuries, surgeries, or illness in the past that may influence today's treatment? If so, please describe:

_____

Please note if you have any of the following health conditions that you CURRENTLY have. If you are unsure, please ask your therapist: Blood clots, infections, congestive heart failure, contagious diseases, pitted edema, skin related issues (warts, open sores, bruising), fibromyalgia. YES / NO

Please indicate conditions that you have or have had in the past. If marked, please explain:

Current / Past Muscle or joint pain or stiffness: _____
Current / Past Numbness or tingling: _____
Current / Past Swelling: _____
Current / Past Bruise easily: _____
Current / Past Sensitive to touch/pressure: _____
Current / Past High/Low blood pressure: _____
Current / Past Stroke or heart attack: _____
Current / Past Varicose veins: _____
Current / Past Shortness of breath, asthma: _____
Current / Past Cancer: _____
Current / Past Neurological (Ex: MS, Parkinson's): _____
Current / Past Epilepsy, seizures: _____
Current / Past Headaches, migraines: _____
Current / Past Dizziness, ringing in the ears: _____
Current / Past Digestive conditions: _____
Current / Past Gas, bloating, constipation: _____
Current / Past Kidney disease, infection: _____
Current / Past Arthritis (rheumatoid, osteoarthritis): _____
Current / Past Osteoporosis, degenerative spine/disk: _____
Current / Past Scoliosis: _____
Current / Past Broken bones: _____
Current / Past Diabetes: _____
Current / Past Endocrine/thyroid conditions: _____
Current / Past Depression, anxiety: _____
Current / Past Memory loss, confusion, easily overwhelmed: _____

## Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the pressure and/or strokes may be adjusts to my level of comfort. I further understand that massage/bodywork should not be considered a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist for certain conditions. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat and physical or mental illness, and nothing said in the course of treatment should be construed as such. Because massage/bodywork should not be performed under certain conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's fault should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advance made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

**Client Signature: _____ Date: _____**
**Parent or Guardian Signature (if under 18): _____ Date:_____**

**Please read and sign the following statement regarding our cancellation policy:**

As we value each client and want to establish a caring and beneficial relationship with you, we ask that you respectfully value your time with us here as well. We understand that unanticipated events happen occasionally in everyone's life and in our desire to be effective and fair to all clients, the following policies are honored:

Due to habitual missed appointments, there may be a missed appointment fee charged to you, the client. We regret any inconvenience but missed appointments and cancellations not given **24 hour advance** have caused an inconvenience for our staff, as well as another client that could be scheduled at that time. If you are unable to give us 24 hours advance notice, you will be charged **a flat rate of $30**. This amount must be paid prior to your next scheduled appointment.

In the event of a **no-show**, anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged **a flat rate of $30** for their "missed" appointment as well.

Thank you for your cooperation.

Print Name _____

Signature: _____ Date:_____