

# Essential Therapeutic Massage's BBL and Liposuction Contract/Agreement

Name \_\_\_\_\_ Date of Surgery \_\_\_\_\_

Name of Surgery Center \_\_\_\_\_ Location \_\_\_\_\_

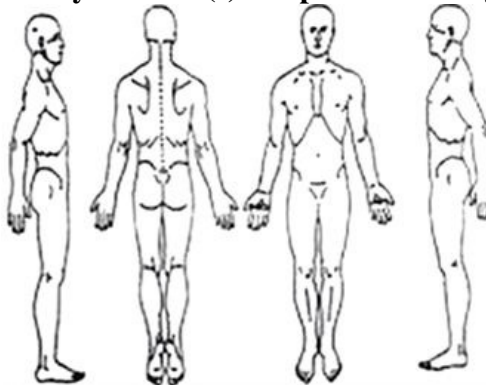
Surgeon's Name \_\_\_\_\_ Phone \_\_\_\_\_

When is/are your next follow-up(s) with your surgeon? \_\_\_\_\_

Are you currently under the care of a Chiropractor, Physical Therapist, or Physician for an ongoing issue?

No \_\_\_\_\_ Yes \_\_\_\_\_ (Brief explanation) \_\_\_\_\_

**Please circle/mark your area(s) of liposuction/surgical incisions:**



**Current Medications (or for what conditions are you taking the medication?):** \_\_\_\_\_

## **Lymphatic Drainage Treatment Information:**

How many post-operative lymph drainage sessions did you have in the Recovery House? \_\_\_\_\_

(Surgeons typically suggest **8-10** post-operative drainage sessions, please plan accordingly)

How have you been feeling since the procedure? \_\_\_\_\_

What areas are tender/sore? \_\_\_\_\_ Any GI (bathroom/excretion) issues? \_\_\_\_\_

Do you have a boppy pillow or thigh block? Please bring this with you to your treatment sessions.

How many weeks did your surgeon suggest you refrain from sitting? \_\_\_\_\_

How many ounces of water do you normally drink? \_\_\_\_\_ Has this increased since your procedure? NO/YES

Please plan on committing to a minimum of 5 lymphatic drainage treatment sessions.

Scheduling your treatment sessions prior to your surgery ensures your best path to a quicker and safer recovery. All 5 sessions must be prepaid before they will be considered for booking. These sessions fill quickly and cannot be held without payment. Prepaid sessions are non-refundable and non-transferrable for any no-shows or cancellations within 48 hours of the scheduled session. We offer an online prepaid discount card for 5 sessions to help each client save on their lymph treatments as well as to help you meet your treatment plan suggested by your surgeon.

Sign to accept: \_\_\_\_\_ Today's Date \_\_\_\_\_

# Essential Therapeutic Massage Client Intake Form

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Best Contact Phone (Cell or Home?) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name

Relationship

Phone Number

Name of Referral/ How You Found the Massage Center \_\_\_\_\_

Recent/past injuries or medical treatments: \_\_\_\_\_

Are you currently under the care of a Chiropractor, Physical Therapist, or Physician for an ongoing issue?

No \_\_\_\_\_ Yes \_\_\_\_\_ (Brief explanation) \_\_\_\_\_

**Please check any of the following conditions that have ever or currently apply to you:**

**Musculo-Skeletal / Where**

- ☐ Arthritis \_\_\_\_\_
- ☐ Back or neck pain
- ☐ Broken or Fractured bones: \_\_\_\_\_
- ☐ Bursitis \_\_\_\_\_
- ☐ Chest, ribs, abdominal pain
- ☐ Disk Herniation \_\_\_\_\_
- ☐ Dislocation \_\_\_\_\_
- ☐ Headaches or Migraines
- ☐ Hip, leg or foot pain
- ☐ Jaw pain or TMJ Disorder
- ☐ Plantar Fasciitis
- ☐ Osteopenia
- ☐ Osteoporosis
- ☐ Problems walking
- ☐ Scoliosis
- ☐ Shoulder, arm or hand pain
- ☐ Spasms/Cramps \_\_\_\_\_
- ☐ Tendinosis \_\_\_\_\_
- ☐ Wrist or ankle \_\_\_\_\_

**Auto-Immune Disorders**

- ☐ Crohn's Disease or IBS
- ☐ Diabetes
- ☐ Fibromyalgia
- ☐ HIV/AIDs
- ☐ Lupus
- ☐ Muscular Sclerosis
- ☐ Rheumatoid Arthritis
- ☐ Other \_\_\_\_\_

**Circulatory/Respiratory**

- ☐ Circulation Problems
- ☐ Heart condition
- ☐ Hardware? \_\_\_\_\_
- ☐ High or low blood pressure
- ☐ Stroke (Date) \_\_\_\_\_
- ☐ Deep vein thrombosis (DVT)
- ☐ Varicose veins
- ☐ Allergies
- ☐ Asthma
- ☐ Other: \_\_\_\_\_

**Skin**

- ☐ Allergies \_\_\_\_\_
- ☐ Athlete's Foot
- ☐ Rashes \_\_\_\_\_
- ☐ Skin Disorder \_\_\_\_\_
- Location: \_\_\_\_\_
- Sensitive to the touch? \_\_\_\_\_

**Surgeries with Dates & Details**

- ☐ Abdominal, Stomach or Hernia \_\_\_\_\_
- ☐ Arm, Wrist, Hand \_\_\_\_\_
- ☐ Heart \_\_\_\_\_
- ☐ Hip, Leg, ankle, foot \_\_\_\_\_
- ☐ Joint (Specify) \_\_\_\_\_
- ☐ Lymph Node Biopsy, Dissect, Removal \_\_\_\_\_
- ☐ Rotator Cuff /Shoulder(circle) \_\_\_\_\_
- ☐ Spine/Fusion \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Nervous System**

- ☐ Herpes/shingles \_\_\_\_\_
- ☐ Numbness/tingling \_\_\_\_\_
- ☐ Paralysis \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Other (Where/When)**

- ☐ Burns \_\_\_\_\_
- ☐ Cancer 1 \_\_\_\_\_
- ☐ Cancer 2 \_\_\_\_\_
- ☐ Hearing Impaired: Right Left
- ☐ Hepatitis A B C \_\_\_\_\_
- ☐ Implants
- ☐ Lymphedema \_\_\_\_\_
- ☐ Pregnancy Due Date \_\_\_\_\_
- ☐ Swelling \_\_\_\_\_
- ☐ Tuberculosis When \_\_\_\_\_
- ☐ Tumor(s) \_\_\_\_\_
- ☐ Vertigo \_\_\_\_\_
- ☐ Visually Impaired: Right Left
- ☐ Other: \_\_\_\_\_

**Current Medications (or for what conditions are you taking the medication?):** \_\_\_\_\_

**Massage Information:**

Have you had a professional massage before? ☐ Yes ☐ No If yes, when was your last massage? \_\_\_\_\_

If yes, how often do you get massages? \_\_\_\_\_

Which is your preferred massage pressure? ☐ Light ☐ Medium ☐ Firm ☐ Not Sure

Are you sensitive to Essential Oils? ☐ Yes ☐ No Fragrances? ☐ Yes ☐ No If yes, specify: \_\_\_\_\_

Do you have sensitive skin? ☐ Yes ☐ No If only in specific areas, where? \_\_\_\_\_

Do you exercise regularly? ☐ Yes ☐ No How much water do you drink? \_\_\_\_\_

What are your common areas of pain or tension? \_\_\_\_\_

## Consent and Understanding of Client Services and Policies

- I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension and spasm, general relaxation, improvement of circulation and energy flow.
- I understand that Massage Therapy is in no way associated with any type of sexual implication. The Therapist reserves the right to **immediately terminate** any massage should the client engage in sexual innuendo, banter, propositioning, or touch. **The client will also be billed for the full price of the appointment.**
- I understand that the certified massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical or pharmaceuticals, nor do they perform any spinal manipulations. It has been made very clear that massage therapy is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.
- I have stated all my known medical conditions and take it upon myself to keep the certified massage therapist updated on my physical health.

## Late Arrivals, Cancellation and No Show Policy

**Please show your Licensed Massage Therapist the same respect you would of any Health Care Practitioner, if you are scheduled for a massage session, you are expected to arrive early to allow the session to start and end on time. Please be respectful of your reserved session time and of other clients booked afterwards as you would at your physician's office.**

### Arrival Time Policy

Each session will start and end according to the time reserved. Arriving 10 minutes prior to your session start time will allow proper time for a brief treatment discussion prior to the session and to ensure that your session will begin on time. So that following clients are not inconvenienced, the session length will be adjusted for late arrivals at a full fee.

### Late Arrivals

If you arrive late, your session will end at the originally scheduled time to ensure the clients following your session are not inconvenienced or penalized. If you are more than 15 minutes late, your therapist will then determine if there is enough time remaining to start your treatment or if the session instead would be deemed a late cancellation, to be rescheduled and paid in full. Regardless of the length of the treatment actually given, **you will be responsible for the "full" price of your session.** Out of respect and consideration to your therapist and other customers, **please** plan accordingly and be on time.

### Cancellation Policy

If you are unable to make your scheduled appointment a **48 hour advance notice is required** when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. After the first late cancellation or no show, a credit card is needed to rebook future appointments and you will be charged 100% of the full amount of your missed appointment to the credit card provided. When using a discount card or Gift Certificate, 100% of the session value will be deducted from your r prepaid session(s).

### No-shows

Anyone who either forgets or consciously chooses to not show for their appointment for whatever reason will be considered a "no-show." A person who is deemed a "no-show" will be subject to our **Cancellation Policy** as outlined above.

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**Client Name Printed**

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**Date**

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**Client Signature**

### *Summary of our privacy policies:*

The office does not and will not disclose ANY information about our clients at any time without expressly written consent. All medical information is strictly confidential and will only be shared with the client's approval for purposes of referrals and in working with your healthcare professional.