Amara Massage Therapy & Wellness
Health History

Name_____ Date _____/_____/_____

Address _____ City □ Ft. Collins _____State _____ Zip_____

Home# (_____) _____ Work# (_____) _____ Cell# (_____) _____

In addition to phone confirmation calls, would you like to receive texts? □ Yes □ No Phone carrier _____

Birthdate_____/_____/_____ Sex M F Email address_____

Occupation_____ Emergency contact & phone number _____

How did you hear about Amara Massage Therapy & Wellness?

□ Website □ Radio □ Google □ Gift Certificate □ Facebook □ Hotel □ Friend WHO? _____

How often do you receive massage therapy? □ First time □ Occasionally □ Frequently

Are you currently experiencing pain? □ Yes □ No If so, where? _____

Do you have any recent injuries/surgeries your therapist may need to know about? □ Yes □ No If yes, please describe

_____

Are you currently on a blood-thinning medication? □ Yes □ No **Are you currently taking pain medication?** □ Yes □ No

If pregnant, which trimester? (circle) 1st 2nd 3rd First pregnancy? □ Yes □ No Complications? □ Yes □ No

Please indicate if any of the following apply to you

□ Asthma	□ Disk Problems	□ Joint Surgery	□ Scoliosis
□ Autoimmune Disorder	□ Dizziness/Fainting	□ Low Blood Pressure	□ Seasonal Allergies
□ Blood Clots*	□ Fever*	□ Migraines	□ Seizures
□ Bruise Easily	□ Fibromyalgia	□ Nausea*	□ Skin Conditions*
□ Cancer*	□ Headaches	□ Numbness/Tingling	□ Stroke
□ Chest Pain*	□ Hearing Aid	□ **Nut Allergies**	□ Sun Burn*
□ Clench/Grind Teeth	□ Heart Condition	□ Open Cuts or Sores*	□ TMJ Disorder
□ Cold or Flu*	□ Hepatitis A, B or C	□ Osteoarthritis	□ Varicose Veins
□ Cramps/Spasms	□ High Blood Pressure	□ Osteoporosis	□ Vertigo
□ Deep Vein Thrombus*	□ HIV	□ Pace Maker	□ Whiplash
□ Diabetes	□ Infectious Condition*	□ Rheumatoid Arthritis	
□ Digestive Disorder	□ Joint Replacement	□ Sciatica	

Items marked with an asterisk (*****) indicate a partial or full massage contraindication. Please consult with your therapist to discuss how they may affect your massage therapy session.

According to what you've checked above, please provide further detail for any condition(s) below if necessary:

_____

List medications_____

Massage Preferences

Pressure

1. How much pressure do you prefer during your massage? (Indicate with an X on the scale)

o----------o----------o----------o----------o

Light Pressure Medium Pressure Heavy Pressure

Pain

2. Tell us your preference toward pain during your session. (Indicate with an X on the scale)

o----------o----------o----------o----------o

No Pain Hurts-So-Good Pain Threshold

Style

3. Tell us what style of massage you would like to receive today (Indicate with an X on the scale)

o----------o----------o----------o----------o

I want a full body Swedish ***Relaxation*** | As much of my body as possible with some time on trouble spots ***Deep Tissue*** | Work only my trouble spots ***Treatment***

Based on your previous massage experiences, what are some things you liked, and also disliked, about your experiences?

Likes: _____

Dislikes:_____

Specialty Modalities & Enhanced Massage

Prenatal Massage

Amara Massage Therapy & Wellness offers massage to expectant mothers. We are well aware of the physical changes and challenges a woman's body experiences during pregnancy and prenatal massage can be performed safely and effectively during all stages of a pregnancy to help the mother manage those changes and challenges. However, there are conditions that may disqualify a mother from receiving massage. Those include:

- A diagnosis as a high-risk pregnancy by a physician.
- Preterm labor/possible miscarriage: discharge of blood, amniotic sac rupture, pains or contraction in uterus.
- Pre-eclampsia (toxemia): high blood pressure, protein in the urine, blurred vision, headache, nausea, swelling in the legs, and water retention.
- Gestational Diabetes: abnormal appetite/thirst, sugar in urine.
- Deep Vein Thrombosis (DVT): pain, redness, or swelling isolated to one leg

If you have one or more of these conditions, you may not be eligible to receive massage without physician approval. Please consult with your therapist to determine your eligibility.

**Side-Lying Position for Prenatal Massage*

It is the policy of AMT&W that all expectant mothers who have progressed beyond their first trimester receive massage in either the side lying or semi-reclining positions **only**. In order to offer the safest massage session possible, for both mother and baby, we do not offer prone (face down) massage beyond the first trimester. If you have any questions or concerns regarding your pre-natal massage please consult with your therapist.

Hot Stone Massage

The addition of Hot Stones as an enhancement to your massage can be a very relaxing experience. However the application of heat can be contraindicated for clients with the following conditions: Diabetes, cancer, autoimmune dysfunctions, epilepsy, neuropathy, heart disease, low blood pressure, skin conditions, recent surgeries, and pregnancy. If you have any of the above conditions, please consult with your therapist to determine your eligibility.

Cupping Therapy

Select therapists at Amara may elect, with your consent, to add the use of cupping therapy to enhance the effects of the session. Silicone cups are used to create suction to produce specific changes in the tissue. Because these cups create a suction force on the skin's surface, this suction often produces a reaction /discoloration of the skin. This discoloration is not a bruise and typically will last 1-2 weeks.

Due to this temporary effect of cupping therapy, we advise clients to avoid aggressive exfoliation or shaving 4-6 hours before or after their session. Also we advise clients to avoid exposure to cold, wet, and/or windy weather conditions, hot showers, baths, saunas, hot tubs, and aggressive exercise for a period of 4-6 hours after their session. If you have a sunburn, cupping therapy cannot be performed. Please consult with your therapist if you have any questions or concerns regarding the addition of cupping therapy during your massage.

Specialty Modalities & Enhanced Massage Disclosure Acknowledgement

_____ Initials I understand that my therapist may integrate cupping therapy, hot stone therapy or pre-natal massage techniques based on my preferences and requests. I consent and have fully read and clearly understand the AMT&W **Specialty Modalities & Enhanced Massage Therapy Disclosure.**

INFORMED CONSENT AGREEMENT

We are a center focused on **THERAPEUTIC MASSAGE ONLY! Any sexual advances, innuendo or inappropriate touch towards a practitioner or staff member is EXPRESSLY FORBIDDEN!**

I understand that the massage therapist is not a physician and cannot provide a medical diagnosis.

We do not bill insurance. All payments are due at the time of service, no exceptions.

We require 24 hours notice for all cancellations, late cancellations are subject to a $35 fee and no call/no shows will be charged for 100% of the appointment cost. Thank you in advance for respecting our time and schedule.

By signing below I certify that the information I have provided is correct and up-to-date and that I am responsible for informing Amara Massage Therapy & Wellness of any changes in my contact information or medical status.

I hereby consent to receive therapeutic massage services provided by Amara Massage Therapy & Wellness and I certify that I have read and understand the above policies and agree to abide by them.

SIGNATURE_____DATE____/_____/_____

Amara SOAP Notes

Client:______________________________

Date	Session Notes	MT