# Amara Massage Therapy & Wellness Health History

Name		Todays'	Date//
Nickname (if you prefer)		Phone # ()	
Address	City • Ft.	CollinsState	Zip
Email address:	Ema	ail Preferences: May we email you	news and promos? Y or N
*Amara	a requires all clients to receive bot	h email and text appointment remin	ders*
Birthdate//	_ Sex: M F Other/Fill-in:	Pronoun	Preference:
Occupation	Emergency contact & pl	none number	
How often do you receive mas	sage therapy? • First time	• Occasionally • Frequently	
If you had COVID-19 in the pa	ast, are you still experiencing any l	ong-term symptoms from it? • Yes	• No
What is your primary goal for	your massage experience today? _		
Do you have any recent injurie	s/surgeries your therapist may nee	d to know about? • Yes • No I	f yes, please describe
Are you currently on a blood-t	hinning medication? • Yes • No	Are you currently taking pain n	nedication? • Yes • No
If pregnant, which trimester? (	circle) 1st 2nd 3rd First p	regnancy? • Yes • No Compl	ications? • Yes • No
Ple	ease indicate if any of t	<u>he following apply to yo</u>	<u>u</u>
• Asthma	• Digestive Disorder	Joint Replacement	• Sciatica
Autoimmune Disorder	• Disk Problems	• Joint Surgery	Scoliosis
Blood Clots*	• Dizziness/Fainting	• Low Blood Pressure	Seasonal Allergies
Bruise Easily	• Fever*	• Migraines	• Seizures
• Cancer*	Fibromyalgia	• Nausea*	Skin Conditions*
Chest Pain*	• Headaches	• Numbness/Tingling	• Stroke
• Clench/Grind Teeth	Hearing Aid	• Nut Allergies	• Sun Burn*
• Cold or Flu*	Heart Condition	• Open Cuts or Sores*	• TMJ Disorder
• COVID 19*	• Hepatitis A, B or C	• Osteoarthritis	Varicose Veins
Cramps/Spasms	• High Blood Pressure	Osteoporosis	Vertigo
• Deep Vein Thrombosis*	• HIV	• Pacemaker	Whiplash

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.

• Rheumatoid Arthritis

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

• Infectious Condition\*

List medications:

• Diabetes

### **Massage Preferences**

Based on your previou	ıs massage exp	eriences, what are some things you liked o	r disliked?
Relaxation	ı	with some time on trouble spots <i>Custom</i>	Focus
		As much of my body as possible	
-	0.1	would like to receive today (Indicate with	,
No Pain			I am in a lot of pain
0		-000	00
<b>Pain</b> 2. Tell us how much	pain you are	currently experiencing. (Indicate with a	an X on the scale)
•	re	Medium Pressure	Heavier Pressure
Light Pressu			

#### PLEASE SEE THE ATTACHED SPECIALITY MODALITY and DISCLOSURE AND CONSENT PAGE. READ FRONT AND BACK CAREFULLY BEFORE SIGNING!

#### INFORMED CONSENT

Pressure

I, \_\_\_\_\_\_ have read and clearly understand the attached <u>BUSINESS</u> <u>POLICIES/INFORMED CONSENT</u> detailed by Amara Massage Therapy & Wellness, and I would like to receive a massage session or consent to a session for my child or dependent. I understand that my therapist may integrate massage techniques based on my preferences and requests. I have fully read and clearly understand the attached AMT&W Specialty Modalities & Enhanced Massage Therapy Disclosure. I understand that a copy of these policies is available to me at any time by request and is also located on the Amara website. I understand the benefits and limits of massage therapy and understand massage may cause adverse reactions in certain situations. If I experience any discomfort during the session, I will immediately inform my therapist so he or she can modify the massage techniques being used. I understand massage therapists do not diagnose diseases or conditions, prescribe medications or treatments, or perform spinal adjustments. I recognize massage is not a substitute for medical treatment and should I need medical treatment, I will seek out the appropriate health-care professional (physician, psychotherapist, chiropractor, etc.). I understand that it is my responsibility to keep the massage therapist informed of changes in my (or my child's or dependent's) health status, diagnosed medical conditions, and medication. I understand that failure to iform the therapist of these changes may place me (or my child or dependent) at greater risk of adverse reactions to massage. I release the massage therapist of any liability if I fail to disclose the appropriate health-related information. I understand that in order to book appointments at Amara I need a valid/current credit card stored on my client profile. If your appointment has been canceled due to any illness or COVID-19 related symptoms, there will be no charge, but if your appointment is confirmed and you do not show up at the start time, you will be charged the full cost of the session. I understand that Amara is a center focused on THERAPEUTIC MASSAGE ONLY! Any sexual advances, innuendo or inappropriate touch is EXPRESSLY FORBIDDEN!

## **High Risk Clients**

I understand that massage therapy is a practice in direct, sustained contact for over 15 minutes. I understand/acknowledge that COVID19 has a long incubation period and I may be a carrier of the virus. I understand that because COVID19 is an airborne disease there is a chance of contracting it just by entering the premises, even with a mask. I also understand that if I fall under any of the following categories I may be taking additional risk:

- -65 years and older
- -Chronic lung disease or moderate to severe asthma
- -Individuals with serious heart conditions
- -Individuals who are immunocompromised
- -Individuals with clotting disorders

- -Obesity
- -Liver Disease
- -Pregnant women
- -Individuals determined to be high risk by a licensed healthcare provider

## **Specialty Modalities & Enhanced Massage Disclosures**

#### **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. We encourage you to be as comfortable as possible, and bolstering/positioning can be customized. After careful review of all available evidence based massage resources, Amara has found prenatal massage to be safe throughout pregnancy and can work on clients in any position, including prone/face down through the third trimester. However, there are conditions that may disqualify a mother from receiving a 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 a massage without physician approval. Please consult with your therapist to determine your eligibility. By signing this form you acknowledge that to the best of your knowledge and with your OB/GYN or Midwife counsel/approval you are approved to receive professional massage therapy services.

### BUSINESS POLICIES/INFORMED CONSENT - PLEASE READ CAREFULLY!

#### Therapist Training & Experience / Limitations of Massage Therapy

All of the massage therapists working at Amara have completed a minimum of 500 hours of massage training from a state-approved school and passed the state licensing requirements. Therapists at Amara are knowledgeable in Swedish massage, deep-tissue and myofascial techniques. We also have therapists who specialize in prenatal massage and Thai massage (this style includes heat packs, stretching and light compression). Pick up a menu of services from our front desk to learn more about these forms of bodywork. Please visit our website to see a list of our preferred local providers that we refer to in the event we can't meet your particular needs. Massage therapists do not diagnose medical diseases or musculoskeletal conditions. Massage therapy is not a substitute for medical examination and or treatment. Massage therapists do not prescribe herbs or drugs, including aspirin or ibuprofen, or medical treatments. They do not perform spinal adjustments and they cannot counsel clients about emotional or spiritual issues as would be provided by a mental health professional or spiritual leader. If you experience symptoms that lead you to believe you may have a medical condition, it is recommended that you visit a physician for diagnosis and treatment.

#### **Expectations and Rights**

The client is expected to demonstrate good hygiene and not use illegal drugs or alcohol before the session (the use of drugs and alcohol make it unsafe for a client to receive massage). Clients and therapists are expected to refrain from any behavior of a sexual nature, including sexual jokes, nicknames, or immodest conduct. Sexual behavior from the

therapist toward a client is grounds for therapist termination and may lead to a formal complaint filed with the state board of massage. This may lead to the loss of the therapist's license. Sexual behavior from the client toward the therapist is inappropriate and will lead to the termination of the session and refusal of further service. The client has a right to prompt, professional service in an environment that is clean, private, and safe. Client information is not shared with any members of the public or other health-care providers unless the client releases the information in writing. A court of law may order the client's health-care records released to the court as part of a legal proceeding. Therapists are obligated to report information about the abuse of a child, elderly person, or mentally or physically challenged person in the event that such information is related during the session. Therapists are obligated to report threats that the client plans to harm another person, to authorities. The client has the right to end the session at any time should they feel dissatisfied or uncomfortable with the session in any way. Clients who are dissatisfied with a therapist are encouraged to contact the clinic general manager. Formal complaints can be filed with the state on their website: <a href="https://www.colorado.gov/pacific/dora/Massage\_Therapy">https://www.colorado.gov/pacific/dora/Massage\_Therapy</a>

#### Your Massage Session and Adverse Massage Reactions

After you complete the health intake form, the therapist will take you to a private treatment room, review the form with you, and discuss your goals for the session. The therapist will customize the massage to meet your specific needs within the limits of his or her training and scope of practice. The therapist will then leave the room while you undress and position yourself under the drape on the massage table. Only the area being massaged at the time is undraped as the session proceeds. The breasts, genitals, and anus are never undraped during a session, and every effort is made to respect and protect both the client's and therapist's modesty. You may leave on your underclothing if you prefer. While the therapist will ask you a few questions—for instance, about the comfort of the stroke pressure, room temperature, or choice of session music—and you should let the therapist know immediately if you are not comfortable, other conversation during the session is generally discouraged. Silence allows you to relax fully and enjoy the session.

Massage may lead to adverse reactions in certain situations or when used with certain conditions or medications. The massage therapist will evaluate your health-history intake and ask you questions to make sure it is safe for you to receive massage. In the event the massage therapist is uncertain that massage will be of benefit to you, he or she may ask you to provide a note from your physician stating that it is safe for you to receive massage. Please provide complete details of medical conditions and medications to your massage therapist during the health-intake interview. Failure to inform the massage therapist of all medical conditions and medications may place you at increased risk for adverse reactions.

#### **Business Policies and Practices**

Amara accepts cash, personal checks, and all major credit cards and does require that all guests have a valid/current Credit Card on file for late cancellations and contactless payment. We do not bill insurance companies for services. New guests are required to fill out the general intake form online. A link will be sent via email and will be automatically uploaded to your profile on our MindBody booking software. Guests who are already in the system should plan on arriving no more than 5 minutes before for all recurring appointments to ensure there are no more than 10 people in the studio at a time. The first session may require a slightly longer intake process, so new clients please share as much info as possible on your health form as well as any special requests, likes/dislikes, etc. to expedite your first service. Clients arriving late will still be charged for the full session time booked and the session will end promptly at the scheduled time. If you feel unwell, have had a fever of 100.4 degrees Fahrenheit within 3 days of your appointment, or have presented any symptoms of COVID-19 within 2 weeks of your appointment, please call and cancel your session to ensure the safety and well-being of our clients and staff. Business hours are Monday through Saturday, 9:00 am to 8:30 pm, and Sunday 10:00 am through 6:30 pm. We are located in downtown Fort Collins, an urban environment, please allow extra time to find parking and get settled so you are not rushed. Children and teens are welcome, but an adult guardian must be present with those under the age of 15 in the treatment room throughout the session. A tip to the therapist for exceptional service is optional, but appreciated.