thrive
massage & bodywork

Important, please read: Your health history is highly confidential. The information you provide will be kept confidential and will ensure that I provide you with a safe and effective treatment. Please take your time completing this form.

Name_____ Preferred Pronouns (she/he/they)_____

Phone (mobile)_____ (home/work)_____

Address_____ City_____ State_____ Zip_____

Email Address_____Occupation_____

Birth Date_____/_____/_____ Emergency Contact Phone #_____

Referred To By_____ Is this your First Massage? Yes or No

When/where was your last massage?_____

Do you understand that we provide only professional therapeutic massage? Yes or No

List Allergies, including food:_____

List Surgeries:_____

Accidents/Injuries, including Car, Sprains, Tendonitis, etc:_____

_____

Family History of Heart Disease and/or Diabetes? Explain:_____

_____

Closed-Head Injury or Seizure? Explain:_____

_____

Please mark the following conditions that apply now with "X", and past conditions with "P"

___ headaches/migraines
___ vision problems
___ hearing problems
___ injury to face or head
___ sinus problems
___ dental bridges
___ TMJ/Jaw pain
___ constipation/diarrhea
___ hernia
___ asthma
___ digestive problems
___ chronic pain
___ muscle/joint pain
___ muscle/bone injury
___ numbness/tingling
___ sprains/strains
___ arthritis/tendonitis
___ cancer/tumors
___ blood clots
___ diabetes
___ heart problems
___ spinal cord disorders
___ fatigue
___ tension, stress
___ depression
___ sleep difficulties
___ allergies
___ rashes
___ infectious disease
___ varicose veins
___ pregnancy
___ high/low BP
___ lung conditions

Please explain any issues listed above in greater detail, if necessary:_____

_____

_____

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What brings you in today? Explain what area(s) of your body is bothering you:_____

_____

_____

Have you ever practiced yoga, pilates, or meditation?_____

_____

List your exercise, sport and/or hobby:_____

_____

Our Therapeutic Agreement:

I understand that massage therapy is strictly a professional therapy and in general provides benefits of stress reduction; relief from muscular tension, spasm or pain and it increases circulation. I understand that massage therapists and bodyworkers do not diagnose illness or disease, perform any spinal manipulations, nor do they prescribe any medical treatments. I am aware that therapeutic massage and bodywork is not a substitute for medical examination or diagnosis, and it is recommended that I see a health care provider for those services. I accept that massage promises no long-term cures nor will it alleviate my health problems. I have stated all medical conditions that I am aware of and will update the massage therapist of any changes in my health status. I understand that Thrive reserves the right to deny service to a client that may be under the influence of drugs and/or alcohol. I understand that Thrive reserves the right to deny service to a client that refuses to follow our COVID-19 face mask requirement.

Signature_____ Date_____

Cancellation Policy Agreement:

Remembering your appointment is your responsibility. If you reschedule or cancel, you agree to cancel 24 hours before the start of your appointment to avoid paying the full session cancel fee. Exceptions can be made in emergency situations and for a reported illness.

Signature_____ Date_____

Newsletter Permission

By signing below, you give Thrive Massage permission to email you occasionally from MailChimp with special monthly promotions, discounts and updates.

Signature_____ Date_____

COVID-19: CONSENT FOR MASSAGE THERAPY SERVICES

Client First and Last Name: _____

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. **Please type your initials**: _____

I understand that getting massages during the COVID Pandemic requires that I share my current health status, any traveling I've done in the last 14 days, and any contact I've had with potential COVID carriers. To the best of my knowledge, the answers to these are truthful and in the best interest of the health of the Thrive team and community. **Please type your initials**: _____

I understand that preventive measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented at Thrive Massage Ann Arbor. However, because massage therapy involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to the staff at Thrive Massage & Bodywork LLC to proceed with providing care. I do not hold Thrive Massage & Bodywork LLC, or my Licensed Massage Therapist responsible for any future diagnosis of COVID-19. **Please type your initials**: _____

Contact Tracing Consent: I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at Thrive Massage & Bodywork LLC tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department. If at anytime during the 2 week period following my massage, I learn that I have COVID, I will contact Thrive Massage & Bodywork LLC within 24 hours to inform them as part of my contact tracing plan. **Please type your initials:** _____

I KNOWINGLY AND WILLINGLY CONSENT TO THE TREATMENT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE DURING THE COVID-19 PANDEMIC. I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION. I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO TREAT. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION TO RECEIVE CARE AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM ALL PROVIDERS AT THRIVE MASSAGE & BODYWORK LLC FOR MY PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S) FOR WHICH I SEEK CARE FROM THIS OFFICE.

PLEASE TYPE YOUR FULL NAME: _____ DATE: _____

IF YOU ARE A MINOR, PLEASE TYPE FULL GUARDIAN NAME: _____
DATE: _____