

Taking Time Out Each Day To RELAX, RENEW, REVITALIZE Is Essential To Living Well.

PATIENT INFORMATION

NAME _____
DATE OF BIRTH _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____
CELL PHONE _____
WORK PHONE _____
EMAIL _____
OCCUPATION _____
EMPLOYER _____
EMPLOYER ADDRESS _____
MARITAL STATUS _____
IF MARRIED, SPOUSES NAME _____
REFERRED BY _____
EMERGENCY CONTACT NAME (RELATIONSHIP) _____
EMERGENCY CONTACT PHONE _____
PHYSICIAN'S NAME _____
PHYSICIAN'S PHONE _____

MASSAGE EXPERIENCE

HAVE YOU HAD A PROFESSIONAL MASSAGE BEFORE?

YES NO

IF YES, WHAT TYPES OF MASSAGE HAVE YOU HAD
(SWEDISH, SHIATSU, DEEP TISSUE, ETC.)? _____

HOW LONG HAVE YOU BEEN RECEIVING MASSAGE THERAPY?

FREQUENCY OF MESSAGES? _____

WHAT ARE YOUR GOALS FOR TREATMENT? _____

CURRENT HEALTH

REASON FOR INITIAL VISIT _____

HEIGHT _____ WEIGHT _____

DO YOU EXERCISE REGULARLY AND/OR PARTICIPATE IN ANY
SPORTS? YES NO

IF YES, WHAT KIND OF EXERCISE/SPORTS? _____

DO YOU PERFORM ANY REPETITIVE MOVEMENT IN YOUR WORK,
SPORTS OR HOBBY? YES NO

IF YES, DESCRIBE _____

DO YOU SIT FOR LONG HOURS AT A WORKSTATION, COMPUTER
OR DRIVING? YES NO

IF YES, DESCRIBE _____

DO YOU EXPERIENCE STRESS IN YOUR WORK, FAMILY, OR OTHER
ASPECT OF YOUR LIFE? YES NO

IF YES, DESCRIBE _____

ARE YOU EXPERIENCING TENSION, STIFFNESS, DISCOMFORT OR
PAIN? YES NO

IF YES, DESCRIBE _____

HAVE YOU RECENTLY HAD AN INJURY, SURGERY, OR AREAS OF
INFLAMMATION? YES NO

IF YES, DESCRIBE _____

DO YOU HAVE SENSITIVE SKIN? YES NO

DO YOU HAVE ANY ALLERGIES TO OILS, LOTIONS OR
OINTMENTS? YES NO

IF YES, PLEASE EXPLAIN _____

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING _____

LIST ANY KNOWN ALLERGIES _____



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HEALTH HISTORY

MUSCULOSKELETAL

- BONE OR JOINT DISEASE
- TENDONITIS/BURSITIS
- ARTHRITIS/GOUT
- JAW PAIN (TMJ)
- LUPUS
- SPINAL PROBLEMS
- MIGRAINES/HEADACHES
- OSTEOPOROSIS

CIRCULATORY

- HEART CONDITION
- PHLEBITIS/VARICOSE VEINS
- BLOOD CLOTS
- HIGH/LOW BLOOD PRESSURE
- LYMPHEDEMA
- THROMBOSIS/EMBOLISM

RESPIRATORY

- BREATHING DIFFICULTY/ASTHMA
- EMPHYSEMA
- ALLERGIES, SPECIFY:
- SINUS PROBLEMS

NERVOUS SYSTEM

- SHINGLES

- NUMBNESS/TINGLING
- PINCHED NERVE
- CHRONIC PAIN
- PARALYSIS
- MULTIPLE SCLEROSIS
- PARKINSON'S DISEASE

REPRODUCTIVE

- PREGNANT, STAGE _____
- OVARIAN/MENSTRUAL PROBLEMS
- PROSTATE

SKIN

- ALLERGIES, SPECIFY:

- RASHES
- COSMETIC SURGERY
- ATHLETE'S FOOT
- HERPES/COLD SORES

DIGESTIVE

- IRRITABLE BOWEL SYNDROME
- BLADDER/KIDNEY AILMENT
- COLITIS

- CROHN'S DISEASE
- ULCERS

PSYCHOLOGICAL

- ANXIETY/STRESS SYNDROME
- DEPRESSION

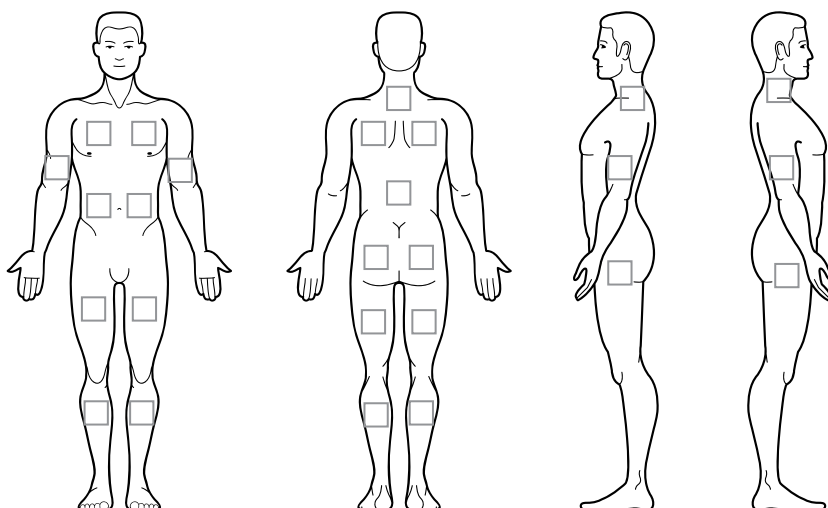
OTHER

- CANCER/TUMORS
- DIABETES
- DRUG/ALCOHOL/TOBACCO USE
- CONTACT LENSES
- DENTURES
- HEARING AIDS
- ANY OTHER MEDICAL

CONDITION(S) NOT LISTED:

PLEASE PROVIDE FURTHER
EXPLANATION FOR ANY CONDITIONS:

TREATMENT AREAS



Please check the boxes in the areas that you would like us to focus on.

If there are areas you do NOT like massaged please indicate here:

- face
- abdomen
- scalp
- feet
- other: _____

NOTE: You will always be modestly draped with sheets, blankets and towels.

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OUR MASSAGE SERVICES AND PRICES

LUNCH BREAK LUXURY	\$80	1 hour. Add \$10 for deep tissue.
TIMELESS	\$90	1 hour + 15 minutes. Add \$10 for deep tissue.
PRENATAL / POSTNATAL MASSAGE	\$90	1 hour + 15 minutes.
BLISS OUT	\$100	1 hour + 30 minutes. Add \$10 for deep tissue.
BASALT STONE MASSAGE	\$130	1 hour + 30 minutes.
DAY IN PARADISE	\$150	2 hours. Add \$20 for deep tissue.
ADD-ONS		
AROMATHERAPY	\$10	
YOGA BALM	\$10	
HYALURONIC ACID	\$10	
ASHIATZU MASSAGE	call for pricing	
OUTCALL SERVICES	call for pricing	
LOYALTY PROGRAM		
60 MINUTES	BUY 9 MASSAGES, GET 1 FREE!	
75 MINUTES	\$72 / EACH	
90 MINUTES	\$81 / EACH	
	\$90 / EACH	

Each service includes warm and cool towels, foot scrub and foot soak. Please allow yourself to arrive early or stay afterwards to relax in the meditation room. OUTCALLS are additional: please speak to a Mountain Elite Massage Therapist for details on pricing. Ask About our GIFT CERTIFICATES.

MOUNTAIN ELITE MASSAGE POLICIES

Payment is expected at time of service.

We understand there will be days you need to cancel your appointment due to sickness, injury and other unforeseen events. We do ask that you give us a **minimum of 3 hours for cancellation** of your massage appointment. If we do not receive notification within that time frame, we will need to charge you **\$35 per missed appointment**. If you can get a friend or family member to take your appointment, that fee will be waived. If you are running a little late for your appointment, we will do our best to give you the entire massage session as time allows. Please let us know if you need to leave at a specific time just in case we go over the allotted time for your massage.

INFORMED CONSENT

I, _____ (client), understand that massage therapy provided by a Mountain Elite Massage Therapist, is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation, and offer a positive touch experience.

The general benefits of massage, possible massage contraindications, and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

I have read the policies for Mountain Elite Massage, I understand them, and agree to abide by them.

Client Signature

Date

