Integrated Wellness Center Bodywork Intake **Date**_____

Personal Information:

Name _____ Preferred Phone _____ Alternate _____

Address _____ City, St _____ Zip _____

Email _____ Date of Birth _____

Gender Identity _____ Pronouns _____ Occupation _____

Emergency Contact _____ Phone _____

I would prefer courtesy appointments via (circle one): Text Email Both
May we leave detailed voicemail messages? Yes No
Would you like to subscribe to our monthly e-newsletter? Yes No

About Your Health

Have you had a professional massage or reflexology before? Yes No

Is there anything the practitioner should know prior to your treatment? (ie pregnant, accident, cancer, cardiovascular diseases) _____

Present Complaints/Reason for Seeking Care:

_____

Date Pain or Problem started _____

Is this the result of an accident? _____

Are you seeing a physician or undergoing treatment for this condition? _____

Please list any drugs or medication that you are currently on

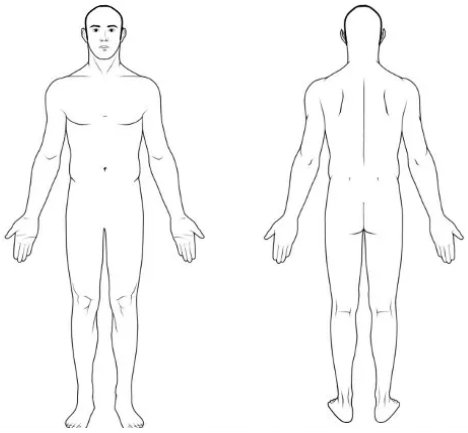
_____

_____

_____

_____

Circle any particular area of the body where you are experiencing tension, stiffness, pain, or other discomfort?



Medical Information Release (HIPPA Release)

☐ I authorize the release of information, including the appointment scheduling, diagnosis, records, examination rendered to me and the claims information. This information may be released to:

_____ _____
Full Name Relationship

☐ My information is not to be released to anyone.

This release of information will remain in effect until terminated by me in writing.

_____ _____
Signature Date

Integrated Wellness Center Bodywork Therapy Policies and Procedures

Arrival to Your Bodywork Session
After your first appointment, please arrive five minutes prior to your scheduled starting time. Early arrival allows for a relaxed and unhurried experience. If a late arrival is inevitable, your bodywork may need to be shortened in order to stay on schedule. The original treatment time will be charged.

Cancellation Policy
Please provide at least 24 hours notice if you need to reschedule or cancel a massage. If a client fails to cancel within 24 hours, we reserve the right to bill the patient at the full cash price for the appointment. You may be asked to pre-pay for future services.

No Show Policy
Clients who fail to show for appointment will be billed at the full cash price for the appointment. You may be asked to pre-pay for future services.

Financial Responsibility

- Payment is due at the time of service. We accept cash, checks, and all major credit/debit cards, including Health Savings Account and Flexible Spending Account cards.
- Integrated Wellness Center is not in-network with any insurers. Pay on the day of service and then we will happily provide quarterly statements for you to submit to your insurers for possible reimbursement. We are a “non-participating provider” with Medicare, meaning Medicare refuses to cover any of the services we provide.
- It is your responsibility to inform the reception staff when the cause of treatment may be the responsibility of a third party or subject to liability compensation (i.e. personal injury). You are responsible to provide the office with ALL INFORMATION required to bill the third party when you check in for your appointment. Please note, we do **not** accept Worker’s Compensation cases.

I understand that the bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists and reflexologists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. **Because bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly.** I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist’s part should I fail to do so.

I have read and understood these policies and procedures and have had the opportunity to ask questions.

_____
Print Name

_____ _____
Signature Date