



5525 N. Union Blvd., Ste. 101
Colorado Springs, CO 80918
719-265-5221

PERSONAL HEALTH INFORMATION

PERSONAL DATA

Name: _____ Date: _____

How Did You Hear About Us? _____

Email Address: _____

Address: _____ Phone – Day: _____

City/State/Zip: _____ Phone – Eve: _____

Occupation/Employer: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

MESSAGE HISTORY/TREATMENT INFORMATION

Have you ever received a professional massage? Yes No If yes, frequency: _____ Date of last massage: _____

Therapist Preference: Female Male Either is fine

What results do you want from your massage sessions? _____

Prioritize the areas of your body that you would prefer to be massaged. _____

Are there any areas of your body that you prefer NOT to be massaged? _____

List **ANY** current medications you are taking, including aspirin, ibuprofen, etc. _____

List **ANY** known allergies (including food, medication, etc): _____

PREVIOUS HISTORY (Include year and treatment received)

Injuries: _____

Accidents: _____

HEALTH HISTORY CONTINUED

MUSCULO – SKELETAL

- _____ bone or joint disease _____
- _____ tendentious _____
- _____ bursitis _____
- _____ broken/fractured bones _____
- _____ arthritis _____
- _____ sprains/strains _____
- _____ low back, hip, leg pain _____
- _____ neck, shoulder, arm pain _____
- _____ headaches/head injuries _____
- _____ spasms/cramps _____
- _____ jaw pain/TMJ _____
- _____ lupus _____
- _____ other _____

CIRCULATORY

- _____ heart condition _____
- _____ varicose veins _____
- _____ blood clots _____
- _____ high blood pressure _____
- _____ low blood pressure _____
- _____ Lymphedema _____
- _____ breathing difficulty _____
- _____ sinus problems _____
- _____ other _____

INFECTIOUS DISEASE

- _____ disease name (s): _____
- _____
- _____

SKIN

- _____ rashes _____
- _____ athletes foot _____
- _____ warts _____
- _____ other _____

DIGESTIVE

- _____ constipation _____
- _____ gas/bloating _____
- _____ diverticulitis _____
- _____ irritable bowel syndrome _____
- _____ other _____

NERVOUS SYSTEM

- _____ herpes/shingles _____
- _____ numbness/tingling _____
- _____ chronic pain _____
- _____ fatigue _____
- _____ sleep disorders _____
- _____ other _____

REPRODUCTIVE

- _____ pregnant? Stage _____
- _____ PMS _____
- _____ other _____

OTHER

- _____ cancer/tumors _____
- _____ diabetes _____
- _____ eating disorders _____
- _____ depression _____
- _____ drug/alcohol/caffeine addiction _____
- _____ thyroid issues _____

It is my choice to receive massage therapy. I realize that the treatment is being given for the well being of my body and mind. This included stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my therapist any time I feel like my well-being is being compromised.

I understand that massage therapists do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.

I have stated all of my medical conditions that I am aware of and will update the massage therapists of any changes in my health status.

SIGNATURE: _____

DATE: _____



ACADEMY OF MASSAGE ESSENTIALS, LLC

5525 N. Union Blvd., Ste. 101 • Colorado Springs, CO • 80918 • 719-265-5221

Massage Clinic Policies:

Date: _____

- **Cancellations/No Shows/Appointment Changes:** AME strongly enforces a 24-hour cancellation policy. To avoid the \$25 cancellation fee, any cancellations or changes to appointments must be made at least 24 hours prior to the appointment time. If you cancel/no-show twice, you will be required to prepay for your appointments in the future. Our wish is not to inconvenience you; only to ensure a firm commitment for each appointment. There is a strong demand for student clinic (we are booked an average of two weeks out), and we would like to accommodate as many of our clients as possible.
- **Late Arrivals:** If you arrive late, your massage will last for the remaining time. However, you will still be responsible for full payment of the full one-hour session price.
- **Confirmation of Appointments:** AME will do their best to provide you with a confirmation call the day before your appointment; however, this is considered a courtesy call and is NOT a guarantee. So, whether or not you receive a confirmation call, you are still responsible for keeping your appointment time. Client consents that AME may leave a message regarding appointments with whomever answers the number given or on voicemail.
- **Weather Policy:** In the event of poor weather conditions, please contact the school prior to your scheduled appointment. If you are unable to reach the receptionist, our answering system will relay current school closing information. If we are closed, we will contact you the next day we are open and will reschedule you for the earliest convenient opening.
- **Clinic Behavior:** We emphasize proper, moral, and professional behavior in our Student Massage Therapy Clinic. Any improper remarks or behavior will not be tolerated and can result in permanent dismissal from student clinic.
- **Children:** We strongly encourage our clients to not bring their children with them to their massage session as we cannot be responsible for their care and we must ensure a relaxing environment for all of our clientele. If it is absolutely necessary for you to bring your children, then we will request that they remain in the massage room with their parent/guardian while the massage is being given.
- **Therapist Request (student clinic):** We will do our best to honor special requests for particular student therapists; however, we cannot guarantee special requests due to the schedule changes, etc. If your requested therapist is absent, we reserve the right to schedule you with another therapist. If you specifically request a male/female student therapist, we will do our best to accommodate your needs, but again can make no guarantees. If you refuse your massage session, please be aware that you will **STILL** be charged for the session in full.
- **Essential Oils/Personal Lotions:** If clients are interested in bringing personal essential oils or lotions to their massage session, they should inform AME when booking their appointment. While we will do our best to accommodate the request, we allow the therapist to decline to use essential oils because a therapist may not be trained in aromatherapy or may have sensitivity to certain oils/scents.
- **Supervision (student clinic):** Please be advised that because we are a student clinic, at any time, for the safety and learning environment of the therapists, it is appropriate for the Student Clinic Supervisor to knock on the massage room door, enter the room, and observe the massage treatment being given.
- **Consent to Policies:** I have read and understand the policies of AME's Massage Clinic and by signing below, I agree to their terms.

Print Name

Signature