

“Welcome to Massage Therapy at Arc of Life Chiropractic”

We want to thank you for choosing Arc of Life Chiropractic and for giving us the chance to help you. We know you have many choices when it comes to choosing a place for your professional massage.

Today, you will have the pleasure of having one of Madison’s best massage therapist work on you.

In order for us to provide the best service possible, we need your help. Please complete the following page and sign where appropriate. We find it takes most people around 5-minutes to complete accurately.

Please be sure to read the massage client policies after you complete the intake form and before you have your massage.

We also ask that you turn off all cell phones while in the office. This is your time. Please don’t let it be interrupted by uninvited calls.

If you have any questions, please ask.

Sincerely,

Your HealthCare Team
Arc of Life Chiropractic

Our Mission

*Mission at Arc of Life Chiropractic is to help, heal, and serve
those who seek to improve their health and overall quality of life now and in the future.*

Thank you for choosing Massage Therapy at Arc of Life Chiropractic

Name: _____ Date of Birth: _____ Date: _____

Street Address: _____ Referred By: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Occupation: _____ Employer: _____

Name of Spouse/Significant Other: _____ Marital Status: [S] [M] [D] [W]

Emergency Contact Name & Phone: _____

Are you a chiropractic patient? [No] [Yes] – Where? _____

Have you ever had a professional massage? [No] [Yes] – Where? _____

What are your goals for your session? _____

Present Symptoms: _____

Are you under chiropractic/medical/therapeutic treatment? [No] [Yes] – What? _____

Please list medical provider's name & phone: _____

List any medications (including aspirin) and nutritional supplements you are taking: _____

Specify any allergies: _____

Please list any comments regarding your health or any emotional stresses you may be dealing with: _____

Do you have any communicable or infectious conditions? [No] [Yes] – What? _____

Are there any injured areas or conditions, such as bruises, cuts, sores, abnormal blood pressure, blood clots or cancer, that may be aggravated by massage? [No] [Yes] – What? _____

Do you like aromatherapy (*i.e. scented oils*)? [No] [Yes]

Do you have any allergies to fragrances of flowers? [No] [Yes]

In undertaking a massage at Arc of Life Chiropractic, I (print name) _____

Agree that: The purpose of the massage is to provide stress relief, pain control and relax. The therapist will not treat, prescribe or diagnose an illness, disease or any other physical or mental disorder. Nothing said in the course of a massage session should be misconstrued to be such. I understand that a massage involves having my body touched. I hereby authorize the therapist to perform massage. I understand that any relief of physical or emotional symptoms is the product of processes, which reside within me. The power to heal comes from within. I understand that I am responsible for my emotions, feelings, body and belongings and the therapist is responsible only for giving a massage. Control of the session is always mine and I can stop it at any time. In the spirit of this understanding, I agree to hold Arc of Life Chiropractic and its employees blameless from any problem which may arise as a result of my massage.

I have read, understand, and agree to the above.

Signature: _____ Date: _____

Massage Policies

In order to eliminate any confusion about what you can expect of us or what we expect of you, please read the following **BEFORE** your massage.

1. We perform services for which we are qualified and able to do. We refer to appropriate specialist when work is not within our scope of practice and/or not in the client's interest.
2. Sessions begin and end at scheduled times. If a session begins late due to the client arriving late, the session will be shorted by an equal amount of time. The client is still charged for the full time period.
3. We provide our clients with a competent and professional massage session each time they come for an appointment, addressing the client's specific needs for that session.
4. We are available for appointments seven days a week and do our best to fill your desired time. To insure a preferred appointment time, it is recommended that you book at least a week in advance.
5. If we need to cancel an appointment, we will do our best to give you 24-hour notice.
6. If cancellation is necessary, please give 24-hour notice by calling 608-441-3455. Failures to give 24-hour notice or failure to show up results in a \$49 fee per hour of appointment.
7. Clients that repeatedly "no show" will be dismissed as a client.
8. Occasionally a therapist will call in sick. If so, we will attempt to have another therapist cover the massages. If we are unable to get coverage, we will notify you as soon as possible.
9. We do not guarantee that any one particular therapist will see you.
10. Payment is expected at time of service.
11. Be clean, having showered the same day as the session.
12. If you have a cold or flu, please reschedule your appointment. You will not be charged a cancellation fee for this type of cancellation.
13. We do not perform massage on anyone under the influence of alcohol or drugs.
14. You can be assured that privacy and confidentiality is maintained at all times.
15. Clients are treated with respect and dignity. Personal and professional boundaries are respected at all times. Clients are covered with a sheet at all times during the session. Only the parts of the body being worked on are exposed at any time. The genitalia and breasts are never exposed or massaged.
16. Sexual harassment is not tolerated. If the therapist feels their safety is being compromised, the session will be stopped immediately.
17. All supplies used are clean and safe. Before each new session we put fresh clean sheets on the table.
18. Please turn off all pagers and cell phones during your session.