

# *Vital Harmony Therapeutic Bodywork*

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Severna Park MD 21146

240-903-0980

Name\_\_\_\_\_ DOB \_\_\_\_\_

Address\_\_\_\_\_ City/State/Zip\_\_\_\_\_

Primary Phone\_\_\_\_\_ Secondary Phone\_\_\_\_\_

Email\_\_\_\_\_ (your email will not be shared)

How did you hear about us? \_\_\_\_\_

Occupation\_\_\_\_\_ Employer\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Phone\_\_\_\_\_

Reason for today's visit? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a professional massage before? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you pregnant or trying to get pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your estimated due date? \_\_\_\_\_

## **PLEASE MARK IF YOU HAVE/HAD ANY OF THE FOLLOWING CONDITIONS**

\_\_\_Heart Conditions

\_\_\_Vascular/Blood Disorders

\_\_\_Skin Disorders

\_\_\_Immune Disorders

\_\_\_Diabetes

\_\_\_Cancer

\_\_\_Arthritis

\_\_\_Allergies/food/products

\_\_\_Wear Contacts

\_\_\_TMJ

\_\_\_Edema

\_\_\_Breast Augmentation

\_\_\_Radiation/Chemo Treatments

\_\_\_Allergies/Sensitivities

\_\_\_Herniated/bulging discs

Exercise/stretching habits? \_\_\_\_\_

How many times a week? \_\_\_\_\_ Duration \_\_\_\_\_

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Name\_\_\_\_\_

Please advise of any other health care professionals you have seen for this condition

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Do you take any prescription medication? \_\_\_\_\_ If yes, please list\_\_\_\_\_

Do you have any other medical issues including past surgeries or injuries that I should be aware of before administering massage therapy? If yes, please indicate

What terms/pronouns/names would you prefer me to refer to you and your body as that makes you feel comfortable? (optional)\_\_\_\_\_

**Please read the following and sign below:**

-Be aware that our Licensed Massage Therapist has a wide variety of Advanced Medical Therapeutic Bodywork/Massage Techniques to be used include Craniosacral Therapy (CST), Myofascial Release, Trigger Point, Swedish, Visceral Manipulation, Manual Lymphatic Drainage,, SomatoEmotional Release (SER), Muscle Energy Techniques, Range of Motion, Stretching, Pregnancy Massage and Neuromuscular therapy

-Body parts to be treated include face, intraoral, neck, scalp, shoulders, arms, hands, back, buttocks, hip flexors, legs and feet. Therapists may treat muscles of the chest and ribcage, however they do not engage in massage of the breast tissue. You may dress with loose clothing, you do not have to remove clothing during your session if you choose. No collared shirts or jeans please.

-This information will be treated confidentially in compliance with HIPAA Privacy Rules

-Our massage therapist utilizes only conservative training during your session. If I feel uncomfortable for any reason, I may ask to end the session.

-I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder, nor perform spinal adjustments. Massage therapy is not a substitute for medical examinations and/or diagnosis. It is recommended that I see a physician for any physical ailment that I might have. I understand that massage therapy given here is for the purpose of, but not limited to: Fulfilling a prescription or a treating physician for a medically necessary condition or for relief from muscular spasm or fascial tension and to improve circulation.

Name\_\_\_\_\_

-Because a massage therapist must be aware of existing physical conditions, I have stated all of my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

- I will respect the time of my massage therapist and other patients. I agree to come to my scheduled appointment promptly, barring any unforeseen emergency. I understand that if I cancel later than 48 hours prior to my appointment, I agree to pay HALF the cost of my appointment (and will rebook within a week to pay the latter half or be charged the full 100%). If I cancel within 24 hours or NO SHOW, I agree to pay the FULL price of the missed appointment.

-There is a \$35 charge for each check returned unpaid.

-If for some reason I do not pay before leaving after my appointment, I will incur a fee of 50% above the current session price for administrative back office work.

First time appointment \$180 (100 minutes medical history/session)

90-minute session \$155

120-minute sessions CST-\$200

I have read and understand the above document and am in compliance.

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Sign	Print	Date
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Witness	Print	Date
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