

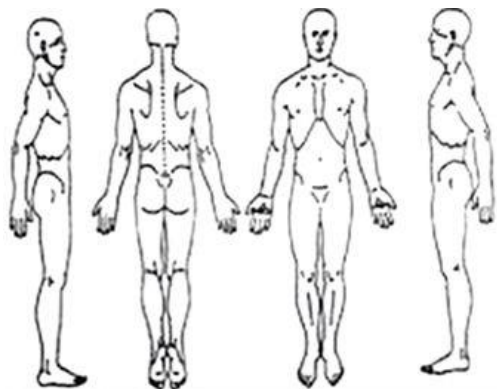
# Essential Therapeutic Massage's Liposuction and BBL Contract Agreement

Name \_\_\_\_\_ Date of Surgery \_\_\_\_\_ Type \_\_\_\_\_

Surgery Center \_\_\_\_\_ Location \_\_\_\_\_ Surgeon \_\_\_\_\_

Do you have a follow-up with your surgeon? NO/YES If yes, when? \_\_\_\_\_

**Please circle/highlight area(s) of your liposuction/surgical incisions:**



## Lymphatic Drainage Treatment Information:

How many total post-operative lymphatic procedures have you had:  
1) \_\_\_\_\_ 2) In the Recovery House? \_\_\_\_\_

How many were ordered by your surgeon? \_\_\_\_\_  
(Surgeons typically suggest **8-10**, please book accordingly)

Getting at least 6-8hrs of sleep? NO/YES

Any GI (bathroom/excretion) issues? NO/YES

How have you been feeling? \_\_\_\_\_ What areas are tender/sore? \_\_\_\_\_

Per your surgeon's order, how many weeks are you to refrain from sitting? \_\_\_\_\_

Do you have a boppy pillow or thigh block? NO/YES If yes, please bring this with you to each treatment session.

How many ounces of water do you normally drink? \_\_\_\_\_ Has this increased since your procedure? NO/YES

As we are working in a small and confined space, we have clients and therapists who have allergies and/or sensitivities to many common fragrances such as perfumes, colognes, body lotions, body sprays, smoke, etc. Please be mindful of others and refrain from wearing or try to limit your exposure to these the day of your session as these tend to linger in the common areas of the office affecting others even hours after sessions have ended. Also, during sessions, cell phones are off. We thank you in advance!

Please plan on arriving 15 minutes early for your first session and be ready 5-10 minutes early for all other sessions. Late arrivals will result in a shortened session. By purchasing post-operative lymphatic drainage prepaid sessions, you are committing to being at all sessions as they are booked and customized for *your* healing plan, are non-refundable and non-transferrable. Booking your post-operative treatment sessions as soon as you have scheduled your surgery ensures your best path to a quicker and safer recovery.

All sessions must be prepaid online before they will be considered for booking. These sessions fill quickly and cannot be held without payment. Prepaid sessions must be redeemed within 6 months of purchase. Prepaid sessions are non-refundable and non-transferrable for any no-shows or cancellations within 48 hours of your scheduled session. Failure to provide 48 hours' notice forfeits your payment for any missed sessions. Missing two sessions will result in the cancelation of all future bookings which may be rescheduled with the discretion and allowance of your lymphatic therapist's schedule. These post-operative care sessions are most important in helping you to meet your lymphatic and recovery treatment plan as ordered by your surgeon and should become your main priority, as it is ours.

Sign to accept these terms: \_\_\_\_\_ Today's Date \_\_\_\_\_

# Essential Therapeutic Massage Client Intake Form

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Best Contact Phone (Cell or Home?) \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Referral/ How You Found the Massage Center \_\_\_\_\_

Recent/past injuries, traumas, accidents or medical treatments: \_\_\_\_\_

Are you currently under the care of a Chiropractor, Physical Therapist, or Physician for an ongoing issue?  
No \_\_\_\_\_ Yes \_\_\_\_\_ (Brief explanation) \_\_\_\_\_

**Please check/circle all of your following current/past conditions and specify details, dates and where:**

**Musculo-Skeletal & When**

- Arthritis \_\_\_\_\_
- Back or Neck pain \_\_\_\_\_
- Broken or Fractured bones: \_\_\_\_\_
- Bursitis \_\_\_\_\_
- Chest/Rib/Abdominal pain \_\_\_\_\_
- Disk Herniation \_\_\_\_\_
- Dislocation \_\_\_\_\_
- Headaches / Migraines \_\_\_\_\_
- Hip/Leg/ Foot pain \_\_\_\_\_
- Jaw pain / TMJ Disorder \_\_\_\_\_
- Plantar Fasciitis \_\_\_\_\_
- Osteopenia \_\_\_\_\_
- Osteoporosis \_\_\_\_\_
- Problems walking \_\_\_\_\_
- Scoliosis \_\_\_\_\_
- Shoulder /Arm /Hand pain \_\_\_\_\_
- Spasms/Cramps \_\_\_\_\_
- Tendinitis \_\_\_\_\_
- Wrist/Ankle pain \_\_\_\_\_

**Auto-Immune Disorders**

- Crohn's Disease / IBS \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Fibromyalgia \_\_\_\_\_
- HIV/AIDs \_\_\_\_\_
- Lupus \_\_\_\_\_
- Lyme's Disease \_\_\_\_\_
- Multiple Sclerosis \_\_\_\_\_
- Rheumatoid Arthritis \_\_\_\_\_

**Circulatory & Respiratory**

- Anemia \_\_\_\_\_
- Deep vein thrombosis (DVT) \_\_\_\_\_
- Hardware \_\_\_\_\_
- Heart condition \_\_\_\_\_
- High or Low blood pressure \_\_\_\_\_
- Stroke (Date) \_\_\_\_\_
- Varicose veins \_\_\_\_\_
- Allergies \_\_\_\_\_
- Asthma \_\_\_\_\_
- Other \_\_\_\_\_

**Skin Problems & Disorders**

- Allergies \_\_\_\_\_
- Athlete's Foot \_\_\_\_\_
- Rashes \_\_\_\_\_
- Skin Disorder \_\_\_\_\_
- Location: \_\_\_\_\_
- Sensitive to touch? \_\_\_\_\_
- Surgeries, When & Details**
- Abdominal/ Stomach / Hernia \_\_\_\_\_
- Arm/Hand/Wrist \_\_\_\_\_
- Heart \_\_\_\_\_
- Hip/Leg/Ankle/Foot \_\_\_\_\_
- Implants/Fat Transfer \_\_\_\_\_
- Joint (Specify) \_\_\_\_\_
- Lymph Node Biopsy/Dissect, Rad, Removal \_\_\_\_\_
- Shoulder or Rotator Cuff \_\_\_\_\_
- Spine/Fusion \_\_\_\_\_
- Other \_\_\_\_\_

**Nervous System & Where?**

- Herpes/shingles \_\_\_\_\_
- Numbness/tingling \_\_\_\_\_
- Paralysis \_\_\_\_\_
- Other \_\_\_\_\_
- Other, Diagnosis Date, Where**
- Burns \_\_\_\_\_
- Cancer 1 \_\_\_\_\_
- Cancer 2 \_\_\_\_\_
- Chemo \_\_\_\_\_ Rad \_\_\_\_\_
- Hearing Impaired: Left Right \_\_\_\_\_
- Hepatitis A B C \_\_\_\_\_
- Lipo/Plastic surgery \_\_\_\_\_
- Pregnancy Due Date \_\_\_\_\_
- Swelling/Lymphedema \_\_\_\_\_
- Tuberculosis \_\_\_\_\_
- Tumor(s) \_\_\_\_\_
- Vertigo \_\_\_\_\_
- Visually Impaired: Left Right \_\_\_\_\_
- Other \_\_\_\_\_

**Current Medications (or for what conditions are you taking the medication?):** \_\_\_\_\_

**Massage Information:**

Have you had a professional massage before?  Yes  No If yes, when was your last massage? \_\_\_\_\_

If yes, how often do you get massages? \_\_\_\_\_ Which type(s) \_\_\_\_\_

Which is your preferred massage pressure/contact?  Light  Medium  Firm  Not Sure \_\_\_\_\_

Are you sensitive to Essential Oils?  Yes  No Fragrances?  Yes  No If yes, specify: \_\_\_\_\_

Do you have sensitive skin?  Yes  No If only in specific areas, where? \_\_\_\_\_

Do you exercise regularly?  Yes  No How much water do you drink? \_\_\_\_\_

What are your common areas of concern, pain and/or tension? \_\_\_\_\_

# Client Consent and Understanding of Services, Massage Sessions and Policies

- While we are in a small and confined space, we have both clients and therapists with allergies and/or sensitivities to many common fragrances, such as perfumes, colognes, body lotions, body sprays, smoke, etc. Please be mindful of others and refrain from wearing these, as they tend to linger in the common areas. Please Acknowledge with Initials \_\_\_\_\_
- I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension and spasms, general relaxation, and improvement of circulation and energy flow. To help with this process, during sessions, cell phones are off.
- I understand that Massage Therapy is in no way associated with any type of sexual implication. The Therapist reserves the right to **immediately terminate** any massage should the client engage in sexual innuendo, banter, propositioning, or touch. The client will also be responsible for paying the full price of the appointment before leaving the facility. Initials \_\_\_\_\_
- I understand that the licensed massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical or pharmaceuticals, nor do they perform any spinal manipulations. It has been made very clear that massage therapy is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have. Initials \_\_\_\_\_
- I have stated all my known medical conditions and take it upon myself to keep the licensed massage therapist updated on my physical health.

## Late Arrivals, Cancellations and No-Show Policies

**Please show your Licensed Massage Therapist the same respect you would of any other Health Care Practitioner. If you are scheduled for a massage session, you are expected to arrive early to allow the session to start and end on time.**

### Arrival Time Policy

Arriving 5-10 minutes prior to your session's start time will allow proper time for a brief treatment discussion, a bathroom visit, and your therapist to begin on time. **Please complete all phone calls prior to entering our office as cell phones must be silenced while in the office.** Initials \_\_\_\_\_

### Late Arrivals

Out of respect, and consideration to your therapist and other customers, **please** plan accordingly and be on time. If you arrive late, your session will end at the originally scheduled time to ensure the clients following your session are not inconvenienced or penalized. If you are more than 15 minutes late, your therapist will then determine if there is enough time remaining to start your treatment or if the session instead would be deemed a late cancellation, to be rescheduled and paid in full. Regardless of the length of the treatment received, **you will be responsible for the full price of your session.** Initials \_\_\_\_\_

### Late Cancellation and No-Show Policy

Please be respectful of time reserved with your massage therapist, as you would with any other health care provider. If you are unable to make your scheduled appointment, please provide at least **48 hours advance notice**. This allows the opportunity for your therapist to adjust their schedule, and attempt to contact and book another client in place of your missed session. Anyone who either forgets or consciously chooses to not show for any appointment, for whatever reason, will be considered a "no-show."

Any client who fails to show or cancels/reschedules without providing 48 hours advanced notice is responsible for paying the full session amount due. After your first late cancellation or no-show, you will be required to drop off a payment or will be required to pay online via an online payment link. At the discretion of your massage therapist, either a credit card will be required to prepay when rebooking future appointments or you may be denied future bookings. 100% of the session value will be deducted from your prepaid session(s) and/or Gift Certificate. Initials \_\_\_\_\_

\_\_\_\_\_  
Client Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

### Summary of our privacy policies:

The office does not and will not disclose ANY information about our clients at any time without expressly written consent unless proper confidential legal representation has been retained. All medical information is strictly confidential and will only be shared with the client's approval for purposes of referrals and in working with your healthcare professional.