

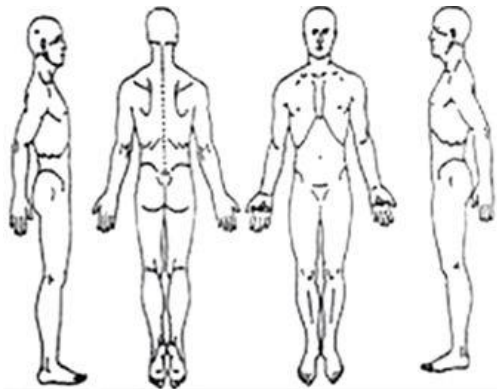
Essential Therapeutic Massage's Liposuction and BBL Contract Agreement

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 _____
- Muscular 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

- 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. We thank you in advance! Please Initial _____
- I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension and spasm, general relaxation, 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 prior to leaving the facility.**
- 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.
- 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 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. Please be respectful of your reserved session time and of other clients booked afterwards as you would at your physician's office.

Arrival Time Policy

Arriving 10 minutes prior to your session start time will allow proper time for a brief treatment discussion prior to the session and to ensure that your session will begin on time. So that following clients are not inconvenienced, the session length will be adjusted for late arrivals at a full fee. Please complete all phone calls prior to entering our office as cell phones must be silenced.

Late Arrivals

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 actually given, **you will be responsible for the "full" price of your session.** Out of respect and consideration to your therapist and other customers, **please** plan accordingly and be on time.

Cancellation Policy

If you are unable to make your scheduled appointment a **48-hour advance notice is required** when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. After the first late cancellation or no show, a credit card is needed to rebook future appointments and you will be charged 100% of the full amount of your missed appointment to the credit card provided. When using a prepaid session or Gift Certificate, 100% of the session value will be deducted from your prepaid session(s) when failing to provide **48-hour advance notice.** Please Initial _____

No-shows

Anyone who either forgets or consciously chooses to not show for their appointment for whatever reason will be considered a "no-show." Any person who is deemed a "no-show" will be subject to our **Cancellation Policy** as outlined above.

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.