

Omaha Blue Waves Massage, Bodywork and Education Center

Medical History

Name: _____ DOB: _____ Sex: _____

Address: _____

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

Home Phone: _____ Work Phone: _____

Occupation: _____ Referred by: _____

If massage therapy is being performed on a minor child the custodial parent must sign below.

Parent Signature: _____ Date: _____

Have you had a professional massage prior to this visit? YES ___ NO ___

Reason for therapeutic massage (major complaint): _____

What, if any, treatment have you had for this condition? _____

Is there anything that makes your condition worse? Y N _____

Please indicate if you are being treated or have been referred by another health care professional.

Name: _____ Referred: Y N In -Treatment Y N

Released: Y N

Have you had any surgery? Y N (If yes, please explain.) _____

Emergency Contact Name & Relation to You: _____ Phone: _____

Desired Massage Pressure: Deep ___; Moderate ___; Light ___

Please select all of the following conditions that apply to YOUR health. Mark items with a P if this is a past condition. Mark items with a C if this is a current problem.

- | | | | | | |
|---------------|----------------|------------------------|---------------|-----------------|---------------------|
| ___ Arthritis | ___ Stiff Neck | ___ Bursitis | ___ Allergies | ___ High/Low BP | ___ Blood Clots |
| ___ Cancer | ___ Asthma | ___ Chronic Fatigue | ___ Sciatica | ___ Heart | ___ Diabetes |
| ___ Edema | ___ Sinusitis | ___ Circulatory Issues | ___ Pregnancy | ___ TMJ | ___ Dizziness |
| ___ Skin Rash | ___ Stroke | ___ Varicose Veins | ___ HIV/AIDS | ___ Headaches | ___ Constipation |
| ___ Back Pain | ___ Neck Pain | ___ Emphysema | ___ Cramps | ___ Leg Pain | ___ Other Condition |

Other conditions not listed Above: _____

Current Medications: Including Aspirin, Ibuprofen, Herbs, Vitamins, Etc.: _____

I affirm and attest that if I have any specific medical conditions or symptoms, I have cleared receiving a massage with my primary care provider.

Client Signature: _____ Date: _____

Omaha Blue Waves Massage, Bodywork and Education Center

Client Release Form, Cancellation, Late, and No Show Policy

I voluntarily give **Five Elements Massage, Martial Arts, and Oriental Health Center, LLC /DBA Omaha Blue Waves Massage, Bodywork, and Education Center** and its staff members my consent to provide me (or my minor child) the health care service or massage I have requested. Furthermore, I (on behalf of my heirs, personal representatives, executor, and administrator) hereby waive, release, remise, covenant not to sue and forever discharge from any claims and liabilities whatsoever without limitations that I have which arise against **Five Elements Massage, Martial Arts, and Oriental Health Center LLC/DBA Omaha Blue Waves Massage, Bodywork, and Education Center**, its owners, and staff members for any service that they have provided to me (or my minor child) or for any accident I (or my minor child) may have while on any property owned, leased or used by them.

I understand that the laws of the State of Nebraska govern the massage therapy services I receive from **Five Elements Massage, Martial Arts, and Oriental Health Center, LLC /DBA Omaha Blue Waves Massage, Bodywork, and Education Center**. Therapists and individuals who meet the statutory requirements provide all therapy services. I understand that massage/bodywork is performed for the purpose of stress reduction or relief from muscular tension, spasm, or pain, and to increase circulation. I, also, understand that it is my responsibility to communicate any issues I have with my treatment or relaxation massage to the staff member working with me. If I experience any pain or discomfort during treatment, I will immediately inform the massage therapist so that the pressure or methods can be adjusted to my comfort level. I understand that massage therapists do not diagnose allopathic illnesses or disease or perform any spinal manipulations, nor do they prescribe any medical treatments, and nothing said or done during the session should be construed as such. I acknowledge that massage/alternative health care is not a substitute for medical examination or diagnosis and that I should see a licensed physician or qualified health care provider for those services. Since massage therapy should not be performed under certain circumstances I agree to keep the staff updated on any changes in my health profile, and I release the staff from any liability if I fail to do so,

I agree that I will notify Omaha Blue Waves at least 24 hours in advance when I am unable to attend a scheduled appointment. Appointments for which I do not show or cancel within the 24 hr period will be charged directly to me. The clock starts at the time that my appointment is scheduled to begin. I understand that if I am late, that time is lost and will result in a shorter appointment.

I understand that all payments, in full, are expected at the time of service. Payments are to be made directly to **Omaha Blue Waves Massage, Bodywork, and Education Center**.

I have read and understand the information contained in this document. I understand that by signing I am agreeing to all the conditions and terms set herein.

Signature of Client: _____

Date: _____

What you can expect in a professional massage:

- **A safe and professional environment and approach; to be treated with respect**
- **To have privacy while undressing & dressing; to be draped except for the area receiving work**
- **To be accepted without judgment; to be able to stop the therapy at any time**
- **To be listened to carefully; to talk or not to talk**
- **To have control over how much pressure is used**