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 Inside American Institute for Alternative  
 Medicine Massage School

**Client Contact and Health Information –  
 Please Print Clearly**

Client Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Referred by: \_\_\_\_\_  
 Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician/Health-care Provider name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this massage/bodywork medically necessary (is it for a medical condition, injury, surgery)? Yes  No

Do you have a physician referral/prescription? Yes  No  New Jersey state law allows for sales tax to not be collected for medically necessary massage prescribed by an M.D., D.O., D.C., Dentist, or Ph.D. Psychologist. See our website/policies for specific prescription requirements.

**Massage Information**

Have you ever received professional massage/bodywork before? Yes  No  How recently? \_\_\_\_\_

What types of massage/bodywork do you prefer? \_\_\_\_\_

What kind of pressure do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage/bodywork? \_\_\_\_\_

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):  
 \_\_\_\_\_

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)? Yes  No   
 Explain: \_\_\_\_\_

List the medications/vitamins/supplements you currently take:  
 \_\_\_\_\_

Are you pregnant? Yes  No  Are you wearing contacts? Yes  No

Are you wearing dentures? Yes  No  Are you wearing a hairpiece? Yes  No

Have you recently had any injectables: Botox, Juvéderm, etc.? Yes  No  Date of last injection: \_\_\_\_\_

Have you had any injuries or surgeries in the past that may influence today's treatment?  
 \_\_\_\_\_

**Circle any of the following health conditions that you currently have** (If you are unsure, please ask): blood clots, infections, congestive heart failure, contagious diseases, pitted edema

Please answer honestly, as massage may not be indicated for the above conditions.

**Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:**

**Current Past** Muscle or joint pain \_\_\_\_\_

**Current Past** Muscle or joint stiffness \_\_\_\_\_

**Current Past** Numbness or tingling \_\_\_\_\_

**Current Past** Swelling/ Bruise easily \_\_\_\_\_

**Current Past** Diabetes \_\_\_\_\_

**Current Past** Sensitive to touch/pressure \_\_\_\_\_

**Current Past** High/Low blood pressure \_\_\_\_\_ Controlled with Medication Yes  No

**Current Past** Stroke, heart attack \_\_\_\_\_ **Current Past** Diagnosed with a blood clot? \_\_\_\_\_

**Current Past** Varicose veins \_\_\_\_\_  
**Current Past** Shortness of breath, Asthma, Allergies \_\_\_\_\_  
**Current Past** Cancer \_\_\_\_\_ Did your treatment include the **removal, radiation, or testing of any lymph nodes?** \_\_\_\_  
**Current Past** Neurological (e.g., MS, Parkinson's, chronic pain) \_\_\_\_\_  
**Current Past** Epilepsy, seizures \_\_\_\_\_  
**Current Past** Headaches, Migraines, Dizziness, ringing in the ears \_\_\_\_\_  
**Current Past** Digestive conditions (e.g. Crohn's, IBS), Gas, bloating, constipation \_\_\_\_\_  
**Current Past** Kidney disease, infection \_\_\_\_\_  
**Current Past** Arthritis (rheumatoid, osteoarthritis) \_\_\_\_\_  
**Current Past** Osteoporosis, degenerative spine/disc, broken bones \_\_\_\_\_  
**Current Past** Scoliosis \_\_\_\_\_  
**Current Past** Endocrine/thyroid conditions \_\_\_\_\_  
**Current Past** Depression, anxiety \_\_\_\_\_  
**Current Past** Memory Loss, confusion, easily overwhelmed \_\_\_\_\_  
 Comments: \_\_\_\_\_

**Consent for Treatment:**

Massage and bodywork therapy practices are designed to promote and maintain the health and well-being of the client. Massage and bodywork therapies do not include the diagnosis of illness, disease, impairment, or disability. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or manipulations may be adjusted to my level of comfort. Because massage and bodywork therapy may be contraindicated due to certain medical conditions, I affirm that I have informed the therapist of all my known medical conditions and will keep the therapist updated as to any changes in my medical condition. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or another qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness and that nothing said during the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

**OFFICE AND CANCELLATION POLICIES:** We understand that unanticipated events happen in everyone's life, and that not every appointment will be kept as scheduled. In our desire to be effective and fair to all clients, and out of consideration for our therapists' time, we have adopted the following cancellation policies. Please see the company website for the most updated policies as these are subject to change: Because we are a small business and have limited resources, we respectfully request 48 hours advance notice when canceling an appointment. This notice allows us the opportunity to schedule another client in your appointment slot. If you are unable to give us **24-hour advance notice, you will be charged a no-show fee** for appointments up to the dollar amount of your scheduled treatment. This amount must be paid before your next scheduled appointment. **No-shows:** Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show". They will be charged for their "missed" appointment and future service will be denied until payment is made. Package clients will be charged one session from their package. **Arriving late:** Appointment times have been arranged specifically for you. If you arrive late to your session, it may be shortened to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment given, **you will be responsible for the "full" session.** *Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time.*

**Payment:** All appointments must be paid for in full at the time of service. Cash, Visa, MasterCard, and American Express are the accepted forms of payment. There is a \$30 service fee for each returned check. Appointments will not be accepted going forward until full payment in cash or check and fees is received by the office.

Opt-out of monthly email newsletters filled with massage, health, and wellness information as well as promotions. Checking here means you will **not** receive promotional emails only. Appointment scheduling/verification emails will still be sent.

Opt-out of text message reminders. By checking here, I will **not** receive text messages to my mobile phone number reminding me about my upcoming appointments with Darcy Doggett Massage and Bodywork, LLC. By leaving blank, you understand that SMS/text appointment reminders are optional and that message & data rates may apply.

By signing below, you are acknowledging your receipt and understanding of these policies and your obligation for payment.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature (in case of a minor): \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

FS \_\_\_\_\_ CC \_\_\_\_\_ TY \_\_\_\_\_ REF \_\_\_\_\_ QBO \_\_\_\_\_ Prescription \_\_\_\_\_ Other \_\_\_\_\_