PSOAS
MASSAGE + BODYWORK

Client Communication Preferences Form

The information provided is voluntary on your part. It is not intended for disclosure and will be treated as confidential.

PLEASE WRITE LEGIBLY

Contact Information

Name		**Today's Date**	
Email			
Street Address			
City		**State**	
Primary Phone	**[ ] mobile?**	**Zip**	
Emergency Contact		**Emergency Phone**	

How Did You Hear About Us?

[ ] Google [ ] Yelp [ ] SoMa Square [ ] One Medical [ ] Facebook [ ] Instagram

[ ] Other: _____

[ ] Current Client: _____

[ ] Training Group/Membership: _____

[ ] Medical/Healthcare Provider: _____

Appointment Confirmations

We provide a courtesy confirmation text or email; however each client is responsible for their scheduled appointment regardless of the confirmation receipt. **If 24-hour notice is not provided, the client is responsible for the full appointment fee.**

Please fill out confirmation preferences legibly:

[ ] By Email _____

[ ] By Text _____

[ ] Do Not Contact Me To Confirm My Appointments

Weekly Specials and Available Appointments Emails

Every Monday and Friday morning we email the available appointment times for the coming week/weekend to existing clients first. This email includes special Psoas offers.

[ ] Yes, I would like to receive email notices of specials and appointment times.

[ ] No, I prefer not to be emailed for this.

Quick Tip Emails

Every other Wednesday, we send out a Quick Tip — a stretch, exercise or anatomy lesson to support you between sessions.

[ ] Yes, I would like to receive the Quick Tip emails.

[ ] No, I would not like to receive the Quick Tip emails.

Acknowledgment and Consent to Receive Services

I understand that massage/bodywork should not be construed as a substitute for medical examination and that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness. I understand that massage/bodywork is contraindicated under certain medical conditions. Therefore, 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 as represented by me, and understand that there shall be no liability on the practitioner's part should I fail, for whatever reason, to do so.

Signed: _____ Date: _____

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Confidential Client Health Information Form

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PLEASE WRITE LEGIBLY

Personal Information and History

Name		**Date of Birth**	
Profession		**Employer**	
Primary AILMENT and/or DIAGNOSIS			
Rate your motivation to resolve this?	**LOW [ ] MODERATE [ ] HIGH [ ]**	**Current Medications?**	
Previous ISSUES and TREATMENTS			

Which of these providers have you seen in the past?

Are you interested in a collaboration between Psoas and your other providers? Yes [ ] No [ ]

	Name	**Phone number**
[ ] Physician		
[ ] Chiropractor		
[ ] Physical therapist		
[ ] Personal trainer		
[ ] Acupuncturist		
[ ] Other movement specialist/trainer(s)		

Have you received massage therapy before? **Yes [] No []**	**If yes, please describe frequency and type:**

Currently Experiencing the Following? (✓all that apply)

[ ] Pain (where?) _____
- [ ] Stabbing
- [ ] Dull

[ ] Mobility issues
[ ] Numbness
[ ] Broken bones < 2 years
[ ] Injuries < 1 year
[ ] Sensitivity
[ ] Other _____

[ ] Fatigue
[ ] Headaches
[ ] Epilepsy
[ ] Pregnancy
[ ] Blood sugar issues
[ ] High blood pressure
[ ] Varicose veins
[ ] Bruise easily
[ ] Digestive issues

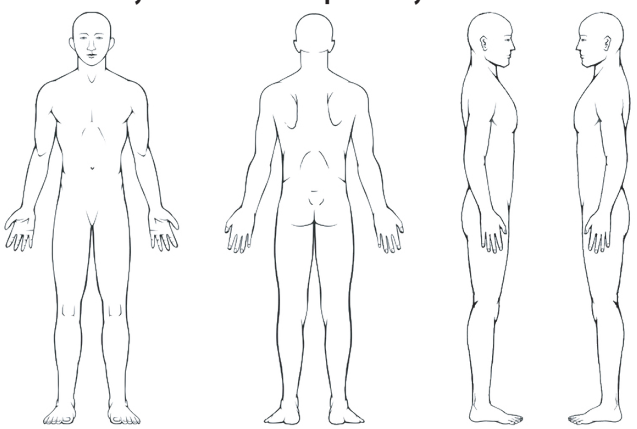
Time/Focus Preferences - for a general session (✓all that apply)

[ ] Neck
[ ] Upper back / shoulder
[ ] Lower back
[ ] Hips
[ ] Upper leg(s)
[ ] Lower leg(s)
[ ] Knee(s)
[ ] Ankle
[ ] Feet

[ ] Head
[ ] Face
[ ] Arm(s)
[ ] Hand(s)
[ ] Back of the body only
[ ] Front of the body only
[ ] Full body
[ ] Full body with some focus
[ ] Other _____

Treatment Preferences

Please circle any areas of tension or pain that you would like addressed



What kind of pressure do you prefer?	[ ] Light [ ] Moderate [ ] Deep
Are you currently in a maintenance massage program?	[ ] Yes [ ] No
Do you want self-care recommendations between treatments?	[ ] Yes [ ] No

What would you like to achieve from your session today?