



Nokomis Massage & Wellness LLC
5309 Lyndale Ave S Ste 202
Minneapolis, MN 55419
612-767-9084

NokomisMassage@gmail.com www.NokomisMassage.com

Massage Therapy Client Information & Waiver/Release Form

Client Name _____ Date of Birth _____ Gender M F

Address _____

Street City State Zip

Occupation _____ Employer _____

Phone _____ Email _____ Referred by _____

Emergency Contact _____

Name Relationship Phone Number

Massage and General Health Information:

Last time you received professional massage/bodywork? _____

List the reason(s) for your massage visit including symptom(s): (e.g. neck tension, headaches, stress, low back pain)

How do these symptoms/conditions interfere with your daily living (e.g sleep, work, exercise, home life)

Are you currently seeing a Chiropractor, Physical Therapist, or Physician for these or other conditions? Y N

Please Explain: _____

Have you had a recent major surgical procedure, injury or accident? Y N: _____

What are your expected outcomes or goals for receiving massage: _____

List medication(s) currently taking: _____

Please circle your stress level: Low 1 2 3 4 5 High

Do you wear contacts? Y N Are you allergic to any Lotions or Oils? Y N

Can you comfortably lie on your: Stomach Y N Back Y N

Are you comfortable with the Massage Therapist working on the following body areas:

Head Y N Neck Y N Face Y N Shoulders Y N Back Y N
Abdomen Y N Chest/Pecs Y N Hips Y N Gluts/Buttock Y N Legs Y N

Systems Review:

Please indicate if any of the following conditions apply: **C** for Currently and **P** for Past. (Leave blank if not applicable)

Musculo-Skeletal

- Headaches/ Migraines
- Neck pain/stiffness
- Strains/Sprains
- Back, hip pain
- Shoulder, arm, hand pain
- Leg, foot pain
- Chest, ribs, abdominal pain
- Jaw pain/TMJ
- Tendonitis/Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Spasms/cramps
- Broken/Fractured bones
- Other: _____

Skin

- Rashes
- Allergies
- Athlete's foot
- Acne
- Bruise easily
- Hemophilia/Blood thinners

Circulator/Respiratory

- Dizziness
- Shortness of breath
- Fainting
- Stroke
- Heart condition
- Allergies
- Asthma
- High/Low blood pressure
- Other: _____

Digestive

- Reflux
- Constipation
- Intestinal gas/bloating
- Diarrhea
- Irritable bowel syndrome
- Crohn's Disease
- Colitis
- Other: _____

Reproductive System

- Pregnancy

Nervous System

- Numbness/tingling
- Fatigue
- Sleep disorders
- Ulcers
- Paralysis
- Herpes/shingles
- Chronic Fatigue Syndrome
- Other: _____

Other

- Loss of Appetite
- Frequent Colds or Flu
- Depression
- Hearing Impaired
- Difficulty concentrating
- Diabetes
- Fibromyalgia
- Post/Polio Syndrome
- Cancer
- Other: _____

Under certain conditions such as: blood clots, infections, congestive heart failure, contagious diseases pitted edema massage should not be performed, please make sure that you have made the Therapist aware of any of those conditions

Consent for Therapy

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 in the course of the session should be construed as such. 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 other qualified medical specialist for any mental or physical ailment. Because massage 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.

Client Code of Conduct

Client understands that massage therapy is not sexual in any manner and that any illicit or suggestive remarks or behavior on the client's part will result in an immediate termination of the therapy session and possible notification of authorities. In such cases, client understands that payment will be expected in full; regardless of if the massage is completed or not. Client understands that the unclothed body will be draped at all times for warmth, sense of security, as a mark of massage therapy professionalism and that breast massages are not permitted.

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

Please be considerate of the fact that many massage clients and therapists are very sensitive to smell and odor, especially perfume, cigarettes and body odor, and those types of odors tend to linger in the room for the next client.

Office Policies

Missed Appointments and Late Cancelation Fees: Missed appointments will be charged a \$35 missed appointment fee. Appointments canceled with less than 24 hours before your scheduled massage will be charged a \$25 late cancelation fee. The fees will be automatically charged to your credit card. If you chronically miss or late cancel your appointments, your right to schedule online may be revoked and you will only be allowed to schedule by phone up to 24 hours in advance.

Massage Session duration: includes 5-10 minutes for consultation and dressing time. (i.e. 1-hour massage consist of approx. 50-55 minutes of massage time)

Late Arrival: If you are late for your appointment, you will receive the remaining time available provided that there is enough time remaining to allow for at least 15 minutes of massage and changing time. You will be charged for the entire session.

Tips and Gratuity: If you like the work that your massage therapist did for you, please tip them according. Most therapist prefer cash, however you may add the tip to your credit card at the time of checkout.

Payment: We only accept payment by credit card and you must have a credit card on file in order to schedule your appointment.

Privacy of information: Nokomis Massage and Wellness LLC is a standalone business entity. However, they utilize the administrative staff services of Nokomis Chiropractic P.A. Your personal information and credit card information is stored on a separate cloud base software system and is not shared with any other entity.

Massage Services for Minors: Massage services are provided to minors age 10 and up, per the Nokomis Massage and Wellness Policy. Written permission from the Parent/Guardian is required.

Services: Nokomis Massage and Wellness LLC reserves the right to: 1) change the terms and conditions, and pricing at any time upon providing reasonable notice. 2) refuse or discontinue service for any reason.

Client, in signing below agrees to the terms and conditions of: Consent for Therapy, Client Code of Conduct and the Office Policies of Nokomis Massage and Wellness LLC. The client understands that the signed terms and conditions shall govern this massage session and all other future massage sessions. Client acknowledges having received a copy of the complementary and alternative health care client bill of rights.

Client Signature

Client Printed Name

Date

Massage Therapist/Staff Signature

Massage Therapist/Staff Printed Name

Date