

Follow Joy - Joy Storch
NYS Licensed Massage Therapist, Esthetician
IET Master, Reiki Master
Health Coach

CONFIDENTIAL INFORMATION Welcome, I would like to make your appointment as pleasant and comfortable as possible.

Client Information

Name: _____ Phone: (____) _____ DOB: _____

Address: _____ City: _____ State: _____

Zip: _____ E-mail: _____

Cell: (____) _____ Home/work: (____) _____

In case of emergency, contact: _____ Phone: (____) _____

Have you had a fever in the last 24 hours of 100°F or above? *Yes/No*

Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath?
Yes/No

Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? *Yes/No*

Do you have any of the following today?:

Cold/flu/virus Fever Headache Inflammation Irritated skin rash

Open cuts, bruises, burns Poison Ivy Severe pain Sunburn Fungus or other contagious skin
aliment

Are you currently taking any medications? *Yes/No* If yes, please list **medications or purpose:**

Do you wear Contacts?: *Yes/No* **Women only:** Are you now or are you trying to become pregnant? *Yes/No*

Do you have a history of any of the following?:

Abdominal pain Accident Allergies Arthritis, bursitis, or gout Auto-immune Cond.

Back pain: upper, mid, lower Broken bones Cancer Carpal Tunnel Diabetes

Fibromyalgia Heart Attack Headache Herniated Disc HBP Insomnia

Scoliosis Seizures Sprain/Strain Sciatica Stroke Surgery Varicose Veins

Whiplash Bruising Other _____

What are your goals/expectations for this therapy session? _____

How do you feel in your body today? _____

I understand that the massage/bodywork I receive:

- **I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork from this practitioner.**
please initial here
- Sessions are for the basic purpose of relaxation and relief of muscular tension.
- 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.
- I am responsible for my own self-care.
- I understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatments and that I should see a physician, chiropractor, or other 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 in the course of 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 of my known medical conditions and answered all questions honestly.
- I agree to keep the practitioner updated as to any changes in medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.
- I understand that any illicit or sexually suggestive remarks or advances made by me, the client, will result in immediate termination of the session, I will be liable for payment of the scheduled appointment, and will forfeit the option of rebooking appointments.
- Appropriate draping will be used at all times during the massage.

I have read, understood, and agree to all of the above statements.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____

For minor consent

- *Minors can only receive massage with written parent/legal guardian consent.*
- *For clients age 15 and under, the parent/guardian must always be present.*
- *For clients age 16-17 if both client and parent/guardian are comfortable with the child being in the session room by themselves, please initial here ***please initial here****

I, _____, am the parent/legal guardian of _____.
I have read the above information and give permission for my child, age _____ to receive massage therapy from Joy Storch.

Parent/Legal Guardian Signature _____ Date _____