

Benefits of Massage

- Increased relaxation
- Eases muscle pain caused by muscle imbalance and weakness
- Reduces anxiety
- Lowers blood pressure
- Reduced physical, mental and emotional stress
- Enhances the immune system
- Improves body awareness
- Hastens the elimination of wastes & toxic debris from muscle tissue
- Strengthens the body-mind connection
- Improves muscle tone
- Reduces muscle tension
- Improves self image
- Calms the nervous system
- Eases tension headaches
- Increases mental aptitude and awareness
- Speeds stressed muscle recovery
- Increases lymph and blood circulation
- Keeps skin elastic
- Increases flexibility, joint mobility and range of motion
- Increases endorphin production (the body's natural pain killer)
- Soothes the Soul

Touch of Grace
Therapeutic Massage and Bodywork

Policy Paper

Services Offered

Swedish, Neuromusclar, Sports, Orthopedic

Communicate your needs and wants. Open communication increases your satisfaction and helps me design a personal treatment plan for you.

***Please note: I do not diagnose illness or disease, treat medical conditions or perform spinal manipulations. Anything that is beyond my scope of practice I will refer out to a qualified health care provider. Please contact your primary care provider if you are unsure about receiving a massage prior to scheduling.*

Confidentiality

I observe the highest standard of confidentiality between client and therapist. The only exception to this is when ordered by a court of law to release records or the client signs a release of information to a third party.

Client/Therapist relationship/ social interaction with clients

I refrain from socializing with clients due to the complications of maintaining a relationship outside of the client/therapist relationship.

Expectations and Preparations for Massage

- Please arrive 15-20 minutes early for your first session to allow for intake, preparation and to fill out the health history paperwork if not already completed.
- Please arrive 5-10 minutes prior to follow up sessions.
- You may eat a small snack but refrain from eating a heavy meal prior to your massage
- Come well hydrated to your massage sessions.
- If you are feeling ill or contagious, please cancel your appointment as soon as you realize that you won't be able to keep your scheduled appointment. This measure insures my health as well as the health of my other clients.

Hygiene

Please come to your session with a recently cleansed body. My clients can expect me to be clean for each session and I expect the same from my clients.

Privacy and Draping

Typically when my clients receive a massage they are unclothed, however, you may undress to your own level of comfort. Secure draping will be used with only the area being massaged undraped at one time.

Intoxication/Drugs

Because of the risks of enhancing the effects of alcohol or intoxicants through massage, anyone coming to a scheduled appointment intoxicated will be expected to pay for the appointment in question and then reschedule for a future appointment at the therapist's discretion.

Sexual Misconduct

Under **NO** situation should the massage be considered a sexual encounter. Any sexual misconduct will result in the session being promptly terminated with full payment due.

TOUCH OF GRACE
Confidential Health Intake Form

Name _____ Date of Birth _____ Occupation _____
Address _____ City _____ State _____ Zip _____
Day Phone # _____ Cell / Eve # _____ E-mail Address _____
Emergency Contact _____ Relationship _____ Phone # _____
Referred by: _____ or how did you hear of me? Ad / Sign / Yellow Pages / Other _____
Primary Care Physician _____ Phone # _____

Are you under medical care now? Y / N If so, for what condition(s)? _____

Reason(s) for seeking massage therapy _____

Please describe any physical problems / chronic pain / tension that you are currently experiencing:

What activities contribute to and / or make it worse? _____

Have you received a professional massage before? Y / N

If yes, How often do you receive massage? _____ When was last massage? _____

Type of work/depth of pressure preferred _____

Areas to be avoided or pressure adjusted (I.e. Sensitive lower back, ticklish feet, etc.) _____

Allergic to oils / lotions / creams? Y / N If yes, please explain _____

Current MEDICATIONS _____

CHECK ALL THAT APPLY TO YOUR CURRENT HEALTH

Please list any additional conditions, illnesses, injuries or comments regarding your health and well being. (Use back side if necessary)

Circulatory

- Blood Clots
- Bruise easily
- Varicose Veins
- Heart Disease
- Stroke
- High/Low Blood Pressure
- Lymphatic Conditions

Musculo-Skeletal

- Headaches/Migraines
- Grinding Teeth
- TMJ/Jaw Pain
- Current/Recent Fractures
- Muscle/Joint Pain
- Bone/Joint Disease
- Osteoporosis
- Tendonitis
- Arthritis
- Scoliosis

Reproductive

- Menopause
- Hysterectomy
- Pregnancy _____ Due Date _____

Nervous System

- Herpes/Shingles
- Cerebral Palsy
- Numbness/Tingling
- Epilepsy
- MS
- Paralysis
- Neuropathy
- Sciatica

Skin Conditions

- Skin disorder _____
- Rash
- Athlete's Foot
- Acne
- Warts
- Psoriasis

Respiratory

- Asthma/Sinus Problems
- COPD

Other

- Vision Problems
- Fatigue
- Fibromyalgia
- Depression
- Sleep Difficulties
- Mental Health Problems
- Alzheimer's
- Parkinson's Disease
- Diabetes
- Cancer/Tumors
- Infectious Disease
- HIV/Aids
- Cold Symptoms
- Flu Symptoms
- Claustrophobia
- Hypo/Hyperthyroidism
- Contact Lenses
- Dentures
- Hearing Aids

****I have stated all conditions that I am aware of and this information is true and accurate and will inform the therapist of any changes in my status.***

****I have read and understand the Policy Paper of Touch of Grace.***

Client Signature: _____ Date _____