



Dynamic Life

Therapy & Wellness, PC

Cassie Sprague, LMT
 Jessi Kilcoin, LMT
 Allison Kroeker, LMT

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Phone: Home _____ Cell _____

Male: _____ Female: _____ Date of Birth: _____

Appointment reminders: Email _____ Text _____

Email contact. _____@_____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Referred by: _____

Existing or Relevant Previous Conditions

Allergies	<input type="radio"/> Yes <input type="radio"/> No	Diabetes	<input type="radio"/> Yes <input type="radio"/> No	Metal Implants	<input type="radio"/> Yes <input type="radio"/> No
Anemia	<input type="radio"/> Yes <input type="radio"/> No	Dizzy Spells	<input type="radio"/> Yes <input type="radio"/> No	MRSA	<input type="radio"/> Yes <input type="radio"/> No
Anxiety	<input type="radio"/> Yes <input type="radio"/> No	Emphysema/Bronchitis	<input type="radio"/> Yes <input type="radio"/> No	Multiple Sclerosis	<input type="radio"/> Yes <input type="radio"/> No
Arthritis	<input type="radio"/> Yes <input type="radio"/> No	Fibromyalgia	<input type="radio"/> Yes <input type="radio"/> No	Muscular Disease	<input type="radio"/> Yes <input type="radio"/> No
Asthma	<input type="radio"/> Yes <input type="radio"/> No	Fractures	<input type="radio"/> Yes <input type="radio"/> No	Osteoporosis	<input type="radio"/> Yes <input type="radio"/> No
Autoimmune Disorder	<input type="radio"/> Yes <input type="radio"/> No	Gallbladder Problems	<input type="radio"/> Yes <input type="radio"/> No	Parkinson's	<input type="radio"/> Yes <input type="radio"/> No
Cancer	<input type="radio"/> Yes <input type="radio"/> No	Headaches	<input type="radio"/> Yes <input type="radio"/> No	Rheumatoid Arthritis	<input type="radio"/> Yes <input type="radio"/> No
Cardiac Conditions	<input type="radio"/> Yes <input type="radio"/> No	Hearing Impairment	<input type="radio"/> Yes <input type="radio"/> No	Seizures	<input type="radio"/> Yes <input type="radio"/> No
Cardiac Pacemaker	<input type="radio"/> Yes <input type="radio"/> No	Hepatitis	<input type="radio"/> Yes <input type="radio"/> No	Smoking	<input type="radio"/> Yes <input type="radio"/> No
Chemical Dependency	<input type="radio"/> Yes <input type="radio"/> No	High Cholesterol	<input type="radio"/> Yes <input type="radio"/> No	Speech Problems	<input type="radio"/> Yes <input type="radio"/> No
Circulation Problems	<input type="radio"/> Yes <input type="radio"/> No	High/Low blood pressure	<input type="radio"/> Yes <input type="radio"/> No	Strokes	<input type="radio"/> Yes <input type="radio"/> No
COVID-19	<input type="radio"/> Yes <input type="radio"/> No	HIV/AIDS	<input type="radio"/> Yes <input type="radio"/> No	Thyroid Disease	<input type="radio"/> Yes <input type="radio"/> No
Currently Pregnant	<input type="radio"/> Yes <input type="radio"/> No	Incontinence	<input type="radio"/> Yes <input type="radio"/> No	Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No
Depression	<input type="radio"/> Yes <input type="radio"/> No	Kidney Problems	<input type="radio"/> Yes <input type="radio"/> No	Vision Problems	<input type="radio"/> Yes <input type="radio"/> No

Y N Have you ever had a professional massage? If yes, how often? _____

Y N Do you prefer a quiet massage and speaking only when necessary?

Pressure Preference: light pressure medium pressure deep pressure

List of current medications and reason:

List of surgeries (type and date):

Any other medical information or symptoms we should know about? If yes, how did they begin, and when did they start?

On a scale from 1-10, 10=highest, rate your levels of: Stress _____ Pain _____ Energy _____

Goals for today's massage? _____

Please take a moment to read and initial the following statements:

_____ I understand that if I should cancel an appointment less than 24 hours before the scheduled time or no show an Appointment, **I am subject to a fee equal to the cost of the missed appointment and my credit card will be charged. This agreement includes my permission for Dynamic Life to store and charge my credit card.**

_____ If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session. By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and body work. I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness. I affirm that I have notified my therapist of all known medical conditions and injuries. I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so. I understand that the therapist does not diagnose or treat any illness. I understand that massage is entirely therapeutic and non-sexual in nature. I understand and agree to allow this office to use my Patient Health Information for the purpose of treatment, payment, healthcare operations, and coordination of care. Dynamic Life Therapy and Wellness does not release client information to any third parties. The HIPAA Notice has been made available to me and I was able to request a copy.

_____ **CUPPING ONLY:** I understand that the cupping process will leave red/blue/purple marks or bruises on the skin. These marks will dissipate within a couple hours/ days, or up to two weeks

Information and Suggestions

- Prior to your massage, please remove all jewelry. Pull long hair back with a clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

I have read the policy statement and agree to the policies therein.

Client Signature: _____

Date: _____

Therapist Signature: _____