

Client Contact Information

First name

Last name

Phone Number

Email

Birth date

month

day

year

Street address

City

State

Zip code

Emergency Contact Information

Contact Name

Phone Number

Referring Physician Contact Information

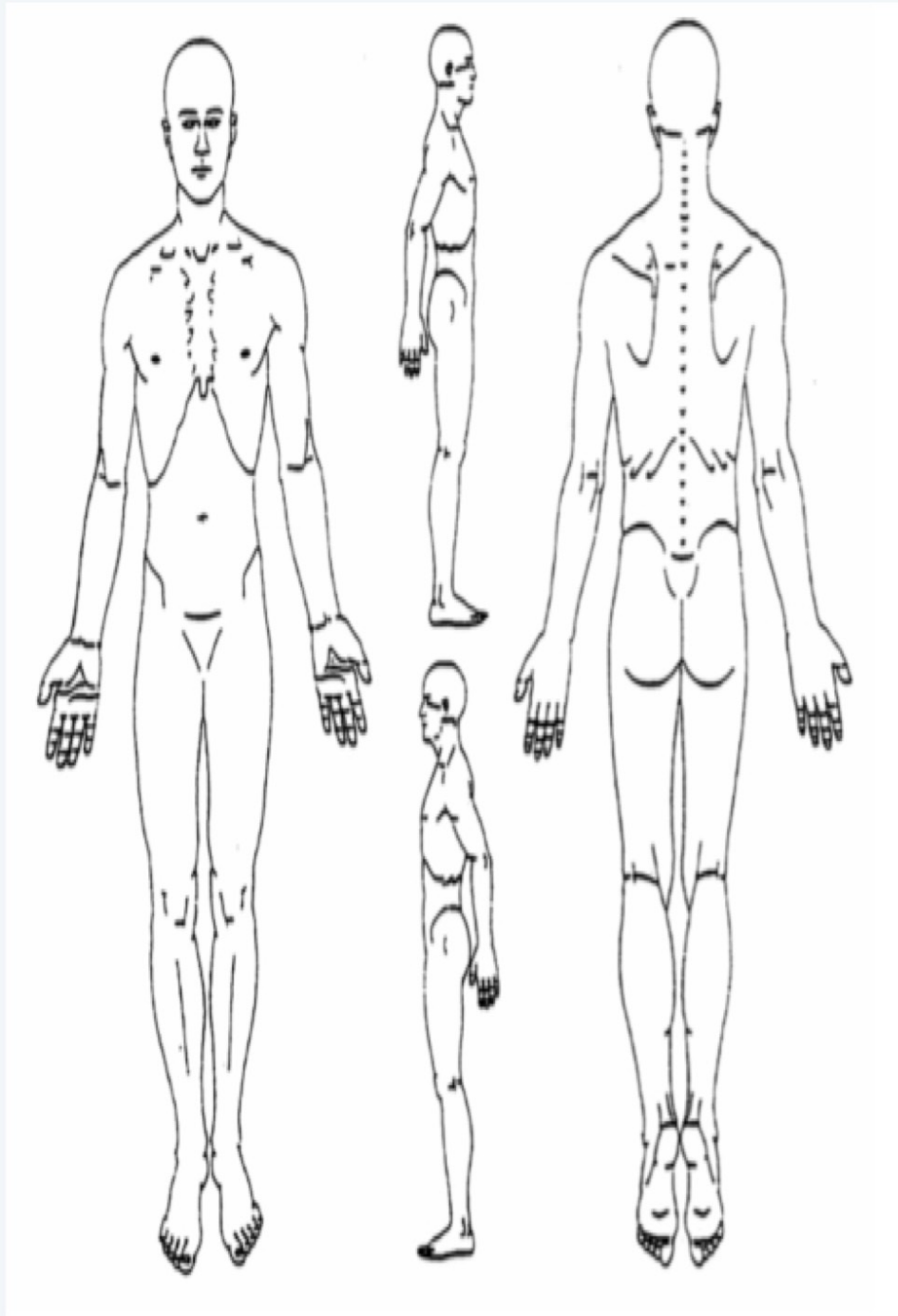
Doctor's Name

Phone Number

How did you hear about inHabit Wellness?

Issues to Address

Click or tap the area(s) in question and describe sensation(s) i.e. tight, sharp pain, sore, bruising, dull ache, etc.



Reason for seeking bodywork

How long since first noticed

What are your treatment goals

Past treatments

Existing Conditions

Illness / Flu

Please check the box below if any of the following are true:

- Have had a fever within the last 24 hours
- Recently experienced any respiratory AND/OR flu symptoms, sore throat, or shortness of breath
- Contact, within the last 10 days, with anyone diagnosed with COVID or related symptoms

Illness Symptoms Questionnaire

Soft Tissue / Joint Dysfunction

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Neck (Right) | <input type="checkbox"/> Neck (Left) | <input type="checkbox"/> Upper Back (Right) | <input type="checkbox"/> Upper Back (Left) |
| <input type="checkbox"/> Mid Back (Right) | <input type="checkbox"/> Mid Back (Left) | <input type="checkbox"/> Low Back (Right) | <input type="checkbox"/> Low Back (Left) |
| <input type="checkbox"/> Hip (Right) | <input type="checkbox"/> Hip (Left) | <input type="checkbox"/> Leg (Right) | <input type="checkbox"/> Leg (Left) |
| <input type="checkbox"/> Knee (Right) | <input type="checkbox"/> Knee (Left) | <input type="checkbox"/> Ankle/ Foot (Right) | <input type="checkbox"/> Ankle / Foot (Left) |
| <input type="checkbox"/> Shoulder (Right) | <input type="checkbox"/> Shoulder (Left) | <input type="checkbox"/> Arm / Hand (Right) | <input type="checkbox"/> Arm/ Hand (Left) |

Head & Neck

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Thyroid Condition | <input type="checkbox"/> Jaw Pain (TMJD) | <input type="checkbox"/> Migraines/
Headaches | <input type="checkbox"/> Vision Loss |
| <input type="checkbox"/> Cancer (Head/
Neck) | <input type="checkbox"/> Ear Problems /
Tinnitus | <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Hearing Loss |

Respiratory

- | | | |
|---------------------------------|------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Pulmonary Fibrosis |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Lung Cancer / Tumor |

Cardiovascular

- | | | |
|---|---|--|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Cold Hands / Feet |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Thrombosis/Embolism |
| <input type="checkbox"/> Lymphedema | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Varicose Veins | | |

Skin

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Cellulitis | <input type="checkbox"/> Hypersensitive Reaction |
| <input type="checkbox"/> Shingles | <input type="checkbox"/> Melanoma | <input type="checkbox"/> Burns, Rashes or Wounds |

Infectious Disease

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> MRSA |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> HIV |

Reproductive

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Gynecological Issues | <input type="checkbox"/> Pregnancy |
|---|------------------------------------|

Neurological

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Nerve Pain | <input type="checkbox"/> Stabbing Pain or Nerve Impingement |
|-------------------------------------|---|

Cerebral Palsy

Parkinsons

Multiple Sclerosis

CFS or Fibromyalgia

Mental Health

Panic Disorder / Anxiety

Trauma and/or history of abuse

PTSD

Stress

Depression

ADHD

Bipolar Disorder

Autism Spectrum Disorder

Eating Disorder

Insomnia / Sleep Apnea

Other Conditions

Metal or other implants

Arthritis

Osteoporosis

Allergies

Dizziness

Cancer

Digestive Conditions

Diabetes

Lupus

Other medical conditions not listed

MEDICATIONS /HERBS/ SUPPLEMENTS

Please list any medications or drugs you are currently on

Additional Questions

What is your preferred pressure?

Have you had a professional massage?

Are you seeking massage as a healthcare service? (Note- we do not bill insurance but accept HSA and FSA payment)

Do you have a prescription or written authorization for massage therapy from your physician?

List all past and present injuries and surgeries:

Type NA if none

Bodywork Consent

Bodywork Consent & Liability

BODYWORK

We provide bodywork services for stress reduction, relaxation, relief from muscular pain and tension, and improvement of circulation and energy flow. The services offered are not a substitute for medical care. inHabit Wellness, LLC is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

inHabit Wellness, LLC provides bodywork services that are entirely therapeutic and non-sexual in nature. Draping is required and we do not perform breast massage of female clients without written consent and written authorization from a prescribing physician indicating massage therapy is medically necessary.

Our studio has a zero tolerance policy for sexual behavior. Sexual behavior includes physical contact, innuendo and/or communication through verbal conversation, text, and email. The therapist will end the session if they feel uncomfortable for any reason, and must immediately end a session if a client initiates any verbal or physical contact that is sexual in nature. The client will be 'flagged' and

will not be allowed to receive services at inHabit Wellness, LLC.

Therapeutic techniques performed will include: Deep Tissue, Neuromuscular Therapy, Cupping Therapy, Swedish Massage, Sports Massage, Active Isolated Stretching, Trigger Point Therapy, Graston Technique, Pre-Natal, Myofascial Release, PNF. Use of Sports Taping, Ultrasound Therapy, Electric Stimulation, Vibrational devices, metal or plastic fascia tools, rollers, or therapeutic balls.

If a client experiences any pain or discomfort during the session, they are to immediately inform the therapist so that pressure/strokes can be adjusted to their level of comfort. Clients agree to not hold inHabit Wellness, LLC or any individual therapist responsible for any pain or discomfort experienced during or after the session. If uncomfortable for **any** reason, the client or therapist may cease the service and the therapist will end the massage session.

Client agrees to notify inHabit Wellness, LLC of all known medical conditions and injuries. Client agrees to inform our office to any changes in a health and/or medical condition. There shall be no liability on inHabit Wellness, LLC or individual therapist should a client fail to do so.

CBD & OTHER TOPICALS

A client may request to include the use of Cannabidiol (CBD), topical analgesic infused creams, salves, ointments, oils and/or aromatherapy. If such request is made, the client consents to the use of CBD and other topicals in all subsequent sessions. While no research has been conducted that indicates any risk, inHabit Wellness, LLC will not use CBD-infused topicals on pregnant or lactating women.

CUPPING THERAPY

Cupping Guidelines is located under 'Policies' section at www.inhabit-wellness.com. Clients receiving cupping therapy agree to have read over the **cupping therapy guidelines** found on our website, and follow the instructions to the best of their ability. Clients who choose to experience cupping therapy understand the potential side effects, risks and benefits. Any markings, discoloration, and redness to the skin will dissipate from a few hours to as long as two weeks in relation to after-care activities and individual healing abilities. inHabit Wellness, LLC will not be held liable for any injury sustained from the use of cupping therapy equipment, regardless of compliance to these guidelines.

GENERAL LIABILITY RELEASE

Client agree to abide by the terms, conditions and policies noted above. inHabit Wellness, LLC reserves the right to modify/change rules, regulations, services and pricing with reasonable notice. By receiving services from inHabit Wellness, LLC, clients agree to waive and release inHabit Wellness, LLC and individual therapists from any and all present and future liability, loss, cost, claim, or damage whatsoever, which may be imposed upon inHabit Wellness, LLC and individual therapists. Clients further undertake to indemnify and hold inHabit Wellness, LLC harmless from any incident(s) arising from the use of services and incident(s), accident(s) and injury occurred on the property.

Signature

Sign above

Therapist Signature: Carey Gage (Lic#MT104366)

Date

Studio Policies

Studio Policies

FINANCIAL POLICY

Clients may be required in certain instances to place a credit card on file and/or pre-pay in full to reserve an appointment. inHabit Wellness, LLC will charge a credit card for agreed upon services and in accordance with these policies. Card information will be stored securely for future transactions. This authorization will remain in effect until cancelled. A client may cancel this authorization at any time by notifying our office in writing.

I authorize inHabit Wellness, LLC to charge my credit card above for agreed upon purchases and in accordance with these terms and conditions. I understand that my information will be saved to file for future transactions on my account.

- Payment is due when services are rendered.
- We accept cash, all major credit cards, Venmo, Cash App, ApplePay, PayPal, HSA and FSA cards.
- There is a \$35 charge for all returned transactions.
- All sales are final. No returns or exchanges.
- New clients choosing to book online** will be required to pre-pay in full to reserve their appointment date/time.
- Any prepaid session(s) remain on the clients account unless the client requests to transfer the account credit to another individual or request refund in writing within 5 days. Prepaid

sessions **expire 12 months** from the date of purchase.

- Gift Certificates issued by InHabit Wellness, LLC whether electronic or printed **expire 12 months** from the date of purchase. Recipients and Purchasers wishing to redeem any Gift Certificate beyond the 12 month expiration will be **charged a \$25 reactivation fee** or if applicable, use the amount paid from a promotional or charitable gift certificate towards the full value of service.

CANCELLATION

Clients are financially responsible for their reserved session time. inHabit Wellness, LLC will charge a clients credit card, applicable pre-payment of service on the account or forfeit the gift certificate value under the following conditions:

- Less than 24 hour notification to cancel or reschedule your appointment.
- No show or missed appointment.
- Late arrivals- arriving 15 minutes late for a service. If arriving late, session will end at the original time.

HEALTHCARE & INSURANCE AUTHORIZATION

Massage therapy constitutes a health care service when the massage is for therapeutic purposes, and a licensed massage therapist may receive referrals from a physician to administer massage therapy. Typically a written authorization, referral or prescription is given to the client including instructions, approval, specified protocol for the therapist and/or diagnosis information.

inHabit Wellness is a fee for service business, and we **DO NOT ACCEPT MEDICAL INSURANCE**. We will not be able to follow up on billing inquiries made by insurance companies on your behalf. It is your responsibility to work with your insurance company to seek reimbursement of service fees. inHabit Wellness provides a receipt of services including CPT codes.

COVID-19/ ILLNESS

Clients are **not allowed to enter our office or receive bodywork services** if they are sick or have any flu-like symptoms. You **must reschedule** your session if you have had COVID-19 or COVID-19 exposure within the last 7 days. Face masks are optional. We are fully vaccinated. We ask all clients to wash hands before and after their session.

Clients fully acknowledge that a person can unintentionally spread COVID-19 to others even if they do not feel sick or have symptoms. **Clients acknowledge that fully and partially vaccinated individuals can develop COVID-19 and although infection is usually mild, it can be spread to others who may be unvaccinated or more susceptible to severe COVID-19.**

This agreement and the requirements therein apply to all visits at inHabit Wellness, LLC. If at any time before a scheduled visit health status changes, clients must notify our office immediately and reschedule the appointment until they are cleared to return.

Clients acknowledge that inHabit Wellness, LLC cannot control the spread of COVID-19 and have chosen to enter this business and consent to receive close contact service with full knowledge of the

risk of contracting COVID-19. inHabit Wellness, LLC will not be held liable for any risk or exposure to COVID-19 a client may receive while in our office.

PRIVACY & SECURITY

We protect your information using physical, technical, and administrative security measures to reduce the risk of loss, misuse, unauthorized access, disclosure and alteration. We use PCI (payment card industry) and HIPAA (health insurance portability and accountability act) security standards. Some of the safeguards we use are firewalls and data encryption, physical access controls, and information access controls. We make every reasonable effort to protect our customers' private information and to store it securely in accordance with the above standards.

I have read the statements above and agree to all the policies.

Signature

Date

Therapist Signature: Carey Gage (Lic#MT104366)