KI MASSAGE & BODYWORKS CONFIDENTIAL CLIENT DATA & CONSENT FORM

Today's Date ___/___/_____

Print Name _____ Birthdate ____/____/_____

Address _____City _____ State ___ Zip_____

Best Access Telephone ____. _____. _____

Emergency Contact _____ Telephone ____. ____. _____

Relationship: _____

COVID SCREENING Please circle or initial the correct answer on each of the following:

Have you tested positive for COVID 19? YES - NO Date ___/___/___.

When was your last Covid test? _____YES - NO____ Date ___/___/___.

Have you tested Negative since this time? YES - NO Date ___/___/___.__

Have you been vaccinated? Moderna/Pfizer/Johnson & Johnson YES - NO Date ___/___/___.__

Are you following social distancing measures? YES - NO

Have you traveled over the past two weeks? YES - NO

Have you had a fever recently? YES - NO

Have you or anyone you are in close contact with had any of the following signs or symptoms associated with COVID 19 over the past two weeks? Circle all that apply:

Fever	Runny nose	Abdominal pain
Chills	Wheezing	Diarrhea
Runny Nose	Pink Eye	Short of breath
Sore throat	Muscle aches	Loss of taste or smell
Persistent dry cough	Headache	Long term cough w/ mucus
Chest pain	Nausea/Vomiting	

Massage Therapy History, please circle best answer below**:**
Have you had a massage before? ___Yes ___ No

Were your outcomes effective in reducing/relieving your symptoms? ___Yes. ___ No

Wellness – To reduce general muscle tightness and stress

Clinical – To address specific symptoms and/or post op protocols toward healthier form and function like: frequent/urgent urination, painful/difficult menses, limited range of motion, poor digestion or other. Briefly describe please.

Habits/Lifestyle (circle best answer)
Please note your best estimate below:

Daily Tobacco/Smoke: ____ Daily Sugar/Tsp ____ 30m Exercise/week ____

Sleep each night: 4 hours ___ 4-6 ___ 6-8 ___ 8-10

Medical Health History (circle best answer)
Are you currently under the care of a doctor for any specific condition? __Y __N
If yes, please note here:

_____

Describe the Hormone Therapy/Applications or treatments that you are currently taking or have taken within the previous 6 months.

_____

Are you aware of any reason why you should not be receiving a massage? Y / N Falls and accidents – list type and date:

Surgeries – list type and date:

_____

_____

Do you have a history of allergies? If so, please list:

Ki Massage & Bodyworks, LLC

Please list the medications or drugs you are currently taking below. Circle the name of any medications taken today:

_____

Please check the appropriate box of any of the following conditions that you are aware of today. The treatment session today is both specific and general and in some rare cases the network of referrals for your specific wellness goals may require referral out to a recommended with a specific skill-set to best meet your needs. These may include but are not limited to professionals with specialties to support your specific wellness concerns such as a Pelvic Floor Physical Therapist, Traditional Chinese Medicine Doctor, Herbalist, Psychologist as indicated.

Please check only the conditions that are applicable to you.

Neurological, Eyes, Ears, Nose & Throat Skin

__ headaches __ convulsions __ dizziness __ fainting __ neuralgia

__ numbness __ nervousness __ tremors __ depression __hives

__ boils __ bruise easily __ skin rash __ skin dryness

Muscle & Joint

Indicate w/ Check for pain or discomfort/ short tight muscles/poor range of motion:

__ shoulders __ arms __ hands __ wrists __ hips __ legs

__ knees __ ankles __ neck __ low/mid/upper back pain/discomfort

Reproductive and Digestive

__ pregnancy due date: ____/___/_____ previous pregnancies __Y __N

__ A.R.T. __ urgent urination __ urinary incontinence

__ painful urination __ constipation __ urinary burning __ kidney infection

__ pelvic organ prolapse __ painful/difficult menses __ prostate symptoms

Cardiovascular, Gastrointestinal

__ nosebleeds __ varicose veins __ arthritis __ bursitis

__ hernia __ rapid heart beat __ slow heartbeat __ swelling of ankles

__ arteriosclerosis __ chest pain __ high blood pressure __ low blood pressure

__ poor circulation __ pain over heart __ gall bladder

__ liver trouble __ colitis __ colon trouble __ constipation

__ difficult digestion __ stomach pain

Ears, Nose & Throat

__ chronic cough __ difficulty breathing __ asthma __ wheezing

__ enlarged glands __ sinus infections __ poor appetite __ diabetes

Client Informed Consent Statement

I request and consent to the performance of massage therapy and related bodywork procedures performed by the Ki Massage & Bodyworks, LLC licensed Massage Therapist. I have discussed with the therapist the nature and purpose of the massage therapy session and related procedures and I understand that there is no guarantee implied or stated beyond the general benefits of this session.

I understand that there are some risks associated with massage therapy sessions which may include bruising and muscle soreness. I know that this session is not a substitute for medical care, medical examination and diagnosis. As a client, I have stated to the best of my knowledge, all medical conditions in the Client Intake interview process. I understand that my failure to communicate discomfort and/or current medical conditions waives all liability of the therapist performing this treatment.

I agree to reschedule any missed appointments and accept the "No Refund" policy which will allow for rescheduling at an available opportunity which must take place within 30 days of the missed appointment. Lateness will shorten the actual treatment time and I realize that failure to contact the office within twenty four hours constitutes a missed appointment and that time is billed to the client who booked the appointment.

By signing below I agree to this massage therapy session and have had an opportunity to ask questions about this treatment process and associated risks.

Client Signature _____ Date __/__/____

Kimosha P. Murphy, Arvigo Practitioner, LMT, CMT 1525 East 53rd Street, Suite 808 773.719.7273

********** MT SOAP NOTES **********

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Ki Massage & Bodyworks, LLC