Longwell Massage Therapy, Inc
Client Questionnaire

Personal Information

COVID-19 SYMPTOMS

- ☐ Have you had a fever in the last 24 hours of 100°F or above?
- ☐ Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath?
- ☐ Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms?

BASIC INFORMATION

First Name

Last Name

Date of Birth

MM DD YYYY

Gender

○ Male ○ Female ○ Not Specified

Occupation

CONTACT INFORMATION

Email

Phone (mobile preferred)

☐ Cell

Address

City

State

Zip

EMERGENCY CONTACT INFORMATION

Contact Name

Phone

Relationship

How did you hear about us?

DOCTOR (OPTIONAL)

Physician Name

Phone

Issues to Address Information

Cause of Injury or Concern

How Long Since First Noticed

Describe your treatment goals

Past Treatment

Additional Questions

What exacerbates your symptoms (make worse)?

What makes it better?

Is there a pattern to your issue?

How do you manage stress?

How do you manage pain-tension-stiffness-symptoms?

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Existing Conditions Information

Respiratory

- [ ] Asthma
- [ ] Bronchitis
- [ ] Chronic cough
- [ ] Emphysema
- [ ] Shortness of Breath

Cardiovascular

- [ ] Blood Clots
- [ ] Cardiovascular Accident
- [ ] Cerebral-vascular Accident
- [ ] Cold Feet
- [ ] Cold Hands
- [ ] Congestive Heart Failure
- [ ] Heart Attack
- [ ] Heart Disease
- [ ] High Blood Pressure
- [ ] Low Blood Pressure
- [ ] Lymphedema
- [ ] Myocardial Infarction
- [ ] Pacemaker
- [ ] Phlebitis
- [ ] Stroke
- [ ] Thrombosis/Embolism
- [ ] Varicose Veins

Skin

- [ ] Bruise Easily
- [ ] Hypersensitive Reaction
- [ ] Melanoma
- [ ] Skin Conditions
- [ ] Skin Irritations

Head & Neck

- [ ] Ear Problems
- [ ] Headaches
- [ ] Hearing Loss
- [ ] Jaw Pain (TMJD)
- [ ] Migraines
- [ ] Sinus Problems
- [ ] Vision Loss
- [ ] Vision Problems

Infectious Conditions

- [ ] Athlete's Foot
- [ ] Hepatitis
- [ ] Herpes
- [ ] HIV
- [ ] Respiratory Conditions
- [ ] Skin Conditions

Women

- [ ] Gynecological Conditions
- [ ] Pregnancy

Soft Tissue / Joint Dysfunction

- [ ] Ankles (Left)
- [ ] Ankles (Right)
- [ ] Arms(Left)
- [ ] Arms(Right)
- [ ] Feet (Left)
- [ ] Feet (Right)
- [ ] Hands (Left)
- [ ] Hands (Right)
- [ ] Hips (Left)
- [ ] Hips (Right)
- [ ] Knees (Left)
- [ ] Knees (Right)
- [ ] Legs (Left)
- [ ] Legs (Right)
- [ ] Lower Back (Left)
- [ ] Lower Back (Right)
- [ ] Mid Back (Left)
- [ ] Mid Back (Right)
- [ ] Neck (Left)
- [ ] Neck (Right)
- [ ] Shoulders (Left)
- [ ] Shoulders (Right)
- [ ] Upper Back (Left)
- [ ] Upper Back (Right)

Family History

- [ ] Cardiovascular Conditions
- [ ] Respiratory Conditions

Miscellaneous

- [ ] Allergies
- [ ] Anaphylaxis
- [ ] Artificial Joints / Special Equipment
- [ ] Arthritis
- [ ] Cancer
- [ ] Crohn's Disease
- [ ] Diabetes
- [ ] Digestive Conditions
- [ ] Dizziness
- [ ] Epilepsy
- [ ] Fibromyalgia
- [ ] Gout
- [ ] Hemophilia
- [ ] Insomnia
- [ ] Loss of Sensation
- [ ] Lupus
- [ ] Mental Illness
- [ ] Osteo Arthritis
- [ ] Osteoporosis
- [ ] Other Diagnosed Diseases
- [ ] Other Medical Conditions
- [ ] Rheumatoid Arthritis
- [ ] Shingles
- [ ] Stress
- [ ] Surgical Pins or Wire

Allergies and other conditions your provider should be aware of

Neurological

- [ ] Burning
- [ ] Cerebral Palsy
- [ ] Herniated Disc
- [ ] Multiple Sclerosis
- [ ] Numbness
- [ ] Parkinsons
- [ ] Stabbing pain
- [ ] Tingling

Please list any medications or drugs you are currently on

Additional Questions

Full Surgical History, Accidents, Slips, Falls - give approximate dates

Has there been prolonged exposure to mold/mildew, chemicals, metals/heavy metals, mercury fillings, toxic environment (physically and/or emotionally), tick borne illness, poisonous bites, possible parasites or overgrowth of bacteria? If so, explain.

What is your primary daily activity?

What is your typical diet?

Do you smoke (cigars, cigarettes, vape, etc.) ? Alcohol? If yes to either, how much?

Client Waiver Form

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

Please carefully read the information

- A referral from your medical/primary care provider may be required prior to service being provided. I understand that the massage/bodywork I receive is provided 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 further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialists for any mental or physical ailment that I am aware of. 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, should be construed as such.
- While bodywork/massage is generally considered safe, if it is performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to update my practitioner as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.
- I further give full consent to the treatment with the full understanding and disclosure of the risks associated with receiving care during the COVID-19 Pandemic. I confirm all of my COVID-19 symptom-related questions were answered truthfully. By signing below, I agree with the current and/or future recommendation to receive care as deemed appropriate for my circumstances.
- During the session, depending on the reason for receiving treatment, it may be necessary to work on muscles in/around the gluteal area (including the sacrum and coccyx), in or around the inguinal area (groin), and on or around the breast area. I will be sure to note if there are areas that I do not wish to have massaged or touched.
- It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.
- I am responsible for all charges for all services provided. If, while in session, I change the duration of my scheduled appointment time, I agree to pay the full appointment fee, even if the duration is shorter than the scheduled session. Should you arrive late, the session will end at its scheduled time and the full amount of session will still be charged.
- Can you afford to lose income on account of someone else's absence, even if it is no one's fault?
  CANCELLATIONS: 24HR NOTICE IS REQUIRED IN ORDER NOT TO BE CHARGED-STRICTLY ENFORCED. This cancellation policy is designed to protect the business of Longwell Massage Therapy, Inc., and not as a punishment. Please understand that when you forget or cancel, your appointment without giving enough notice, we miss the opportunity to fill that appointment time, and clients on our waiting list miss the opportunity to receive services they need.
- While it is understandable that EMERGENCIES, ILLNESS, and situations beyond our control arise, the CANCELLATION POLICY WILL APPLY STILL IN THESE SITUATIONS AS WELL.
  (This includes, but is not limited to, traffic issues, family issues, pet issues, missed flights/delays.)
- Longwell Massage Therapy, Inc is a service-oriented practice. In order to continue to provide services, it must also generate income. Last-minute cancellations cause a loss of income, and therefore the inability to provide services now or potentially in the future.
- This time is set aside for me, and me only. I agree to call (727) 742-5313 or cancel online, which will generate a confirmation of cancellation email.
- I agree to provide 24-hour notice for changes or cancellations. If I fail to do so for any reason:
  - I will receive a reminder of the cancellation policy.
  - I agree to pay in full for the missed session if the session can't be filled otherwise.
  - I forfeit session value on Gift Certificates and Pre-paid sessions
- Pre-payment is required for appointments scheduled on holidays and for those scheduling multiple sessions for lymphatic drainage.
- By signing this release, I hereby waive and release my therapist, Nicole Longwell, Longwell Massage Therapy, Inc, Stillwater Wellness Center, Josie Furey, and Ron Hammer from any and all liability, past, present, and future relating to massage therapy and bodywork, including the use of tools and devices such as microcurrent, cupping, and percussion.

☐ I have read the statement above and agree to all the policies

Client Signature*

Date*

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