Nova Vita
massage therapy clinic

PLEASE TAKE TIME TO READ:

FINANCIAL POLICY

Thank you for selecting Nova Vita for your needs. We are honored to be of service to you. **Please be advised that payment for all services <u>will be due at the time services are rendered</u>.** For your convenience, we accept Cash, Visa, MasterCard, Discover, and American Express. **We DO NOT accept checks. Nova Vita DOES NOT offer refunds or exchanges once purchases have been made for services.**

I understand Nova Vita's **"No Refund"** policy. I understand that once I have purchased a service, I CANNOT exchange it or receive a refund. I understand that the licensed professional over my care cannot promise complete results, as any underlying conditions may affect the outcome of my results.

*Keep in mind that all gift certificates purchased must be bought in the clients' name that will be using the gift certificate and it CANNOT be transferred or used for any other person. *ALL GIFT CERTIFICATES EXPIRE 1 YEAR FROM PURCHASE DATE.*

CANCELLATION/LATE FEE POLICY

We require at least **24 hours notice** to cancel any scheduled appointments. If you fail to do so and do not show up for your appointment, you will be charged a **<u>$25 NO-SHOW FEE</u>** on your next visit. We allow a 15 minute grace period to arrive at your appointment; if you think you will be late, please call in advance to reschedule or let us know, otherwise we will have to reschedule your appointment. If you are late for an appointment, we will take you for the remainder of the time allotted, but you will be charged for the full amount of the original service. We want to provide the best service and experience for all our clients, so please consider the time scheduled for your appointment.

I understand Nova Vita's **"Cancellation/Late Fee Policy**". If I fail to call 24 hours in advance and fail to show up for my appointment, I will be charged a $25 NO SHOW FEE. I understand I have a 15 minute grace period to arrive at my appointment, or I will be rescheduled. If I show up late, I understand I will have to pay the full amount for the original service and to continue the treatment in the time allotted for me.

***** ALL PRICES SUBJECT TO CHANGE *****

Signature: _____ Date: _____

Witness/Consultant Signature: _____ Date: _____

Nova Vita Massage Therapy - Client Intake Form

Personal Information:

Name _____ Phone (Home) _____ Phone (Cell)_____

Address _____

City/State/Zip _____

Email _____ Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

The following information will be used to help plan safe and effective massage sessions.

Please answer the questions to the best of your knowledge:

1. Have you had a professional massage before? Yes No

   If yes, how often do you receive massage therapy? _____

2. Do you have any difficulty lying on your front, back, or side? Yes No

   If yes, please explain _____

3. Do you have any allergies to oils, lotions, or ointments? Yes No

   If yes, please explain _____

4. Do you have sensitive skin? Yes No

5. Are you wearing contact lenses ( ) dentures ( ) a hearing aid ( ) ?

6. Do you sit for long hours at a workstation, computer, or driving? Yes No

   If yes, please describe _____

7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No

   If yes, please describe _____

8. Do you experience stress in your work, family, or other aspect of your life? Yes No

   If yes, how do you think it has affected your health?

   muscle tension ( ) anxiety ( ) insomnia ( ) irritability ( ) other _____

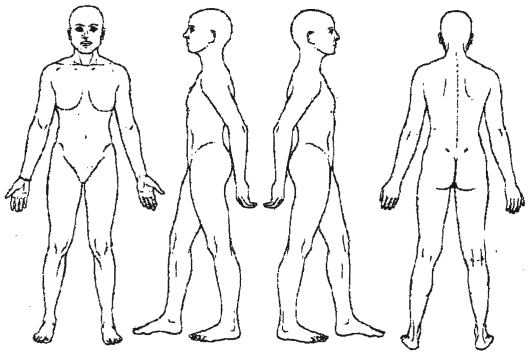
9. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No

   If yes, please identify _____

10. Do you have any particular goals in mind for this massage session? Yes No

    If yes, please explain _____

Circle any specific areas you would like the massage therapist to concentrate on during the session:



Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

11. Are you currently under medical supervision? Yes No

If yes, please explain _____

12. Do you see a chiropractor? Yes No

If yes, how often? _____

13. Are you currently taking any medication? Yes No

If yes, please list _____

14. Please check any condition listed below that applies to you:

( ) contagious skin condition
( ) open sores or wounds
( ) easy bruising
( ) recent accident or injury
( ) recent fracture
( ) recent surgery
( ) artificial joint
( ) sprains/strains
( ) current fever
( ) swollen glands

( ) allergies/sensitivity
( ) heart condition
( ) high or low blood pressure
( ) circulatory disorder
( ) varicose veins
( ) atherosclerosis
( ) phlebitis
( ) deep vein thrombosis/blood clots
( ) arthritis/osteoarthritis/tendonitis
( ) osteoporosis

( ) epilepsy
( ) headaches/migraines
( ) cancer
( ) diabetes
( ) decreased sensation
( ) back/neck problems
( ) Fibromyalgia
( ) TMJ
( ) carpal tunnel syndrome
( ) tennis elbow
( ) pregnancy
If yes, how many months? _____

Please explain any condition that you have marked above:

_____

15. Is there anything else about your health that you think would be useful for your massage practitioner to know?

_____

Draping will be used during the session – only the area being worked on will be uncovered. Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____ understand that the massage 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 therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or another qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists 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 given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of Client: _____ Date: _____

Signature of Massage Therapist: _____ Date: _____