

# Body Renewal & Rejuvenation

Please complete this form and bring it with you to your appointment. Thanks, Jackie Holtzman.  
\*24-Hour Cancellation Policy – Please call (585) 315-1726 if unable to keep your appointment.

## Massage Intake Form - CONFIDENTIAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Can I send mail to the above street address? Yes / No      Can I send mail to the above email address? Yes / No  
Can I add you to my email list to receive class offerings, specials, etc. (We don't bombard you with email!)? Yes / No  
How did you hear about us? \_\_\_\_\_ Occupation: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Are you currently seeing a healthcare professional? Yes / No  
If yes, please list names and reason for treatment: \_\_\_\_\_

Please review this list and circle those conditions that have affected your health either recently or in the past.

Confusion	<b>Cancer</b>	Sudden Weight Loss/Gain	Chronic Cough
Loss of Memory	Chronic Pain	Muscular / Joint Pain	<b>Chest Pain</b>
Recent Erratic Behavior	<b>Extreme Fatigue</b>	<b>Active Herpes</b>	<b>Shortness of Breath</b>
<b>Artherosclerosis</b>	Plantar Fasciitis	<b>Circulatory Problems</b>	Smoking
Light Headedness	<b>Multiple Sclerosis</b>	Cold Hands / Feet	<b>Heart Palpitations</b>
Nausea	<b>Lupus</b>	High / Low Blood Pressure	Headaches / Migraines
Faintness	<b>Scleroderma</b>	<b>Current Painful Swelling</b>	Gas or Bloating
Visual Blurring	Osteo or <b>Rheumatoid</b>	<b>Kidney or Bladder</b>	Constipation / Diarrhea
	Arthritis	<b>Infection / Disease</b>	<b>Colitis</b>
Dizziness	Osteoporosis	Slipped Disc	<b>Liver Trouble</b>
<b>History of Embolism or</b>	Bruise Easily	<b>Abdominal Pain</b>	<b>Jaundice</b>
<b>Thrombus or Blood Clot</b>		<b>Severe Pain</b>	Gallbladder Trouble
<b>Swollen Leg(s)</b>	<b>Diabetes</b>	<b>Fibromyalgia</b>	<b>Allergic to Nuts / Nut Oils</b>
Ulcers on Ankles	<b>Cardiovascular Disease</b>	Stomach Ulcers	Sinus Trouble / Allergies
Recent or current:	<b>History of</b>	Varicose Veins	Sensitive Skin
Bone Fracture	<b>Heart Attack</b>	Prostate Trouble	History of Miscarriage
Dislocations	<b>or Stroke</b>	TMJ	<b>Pinched Nerve</b>
<b>Acute Infectious Diseases</b>	Convulsions / Tremors	Hypo / Hyper Thyroidism	Spinal Curvatures / Scoliosis
Depression / Anxiety / Other	Menstrual Cramping	Neck / Back Pain	Hepatitis (A, B, C, other)
Sleep Disturbance	PMS / Menopause	Auto-Immune Condition	AIDS
Muscle Strain / Sprain	Whiplash	Seizures	Diverticulitis
Reactions to skin care products		Latex Allergy	
Other, please indicate: _____			

Do you currently have any: Rashes, Hives, Psoriasis, Eczema, Poison Ivy, Insect Bites, Skin Infections, Cold, Flu, Cold Sores, Boils, severe pain, Anything Contagious, Injuries, Bruises, or any open wounds or sores: Yes / No If yes, please circle which ones.

Are you Pregnant? Yes / No If yes, due date: \_\_\_\_\_ Do you have medical clearance from your physician to receive massage during your pregnancy? Yes / No

Recent Surgeries: \_\_\_\_\_

List any medications currently used: \_\_\_\_\_

Have you ever received massage therapy? Yes / No If yes, type of massage experienced (Swedish, shiatsu, deep tissue, other: \_\_\_\_\_)

Physical Activities: \_\_\_\_\_

List areas of body tension: \_\_\_\_\_

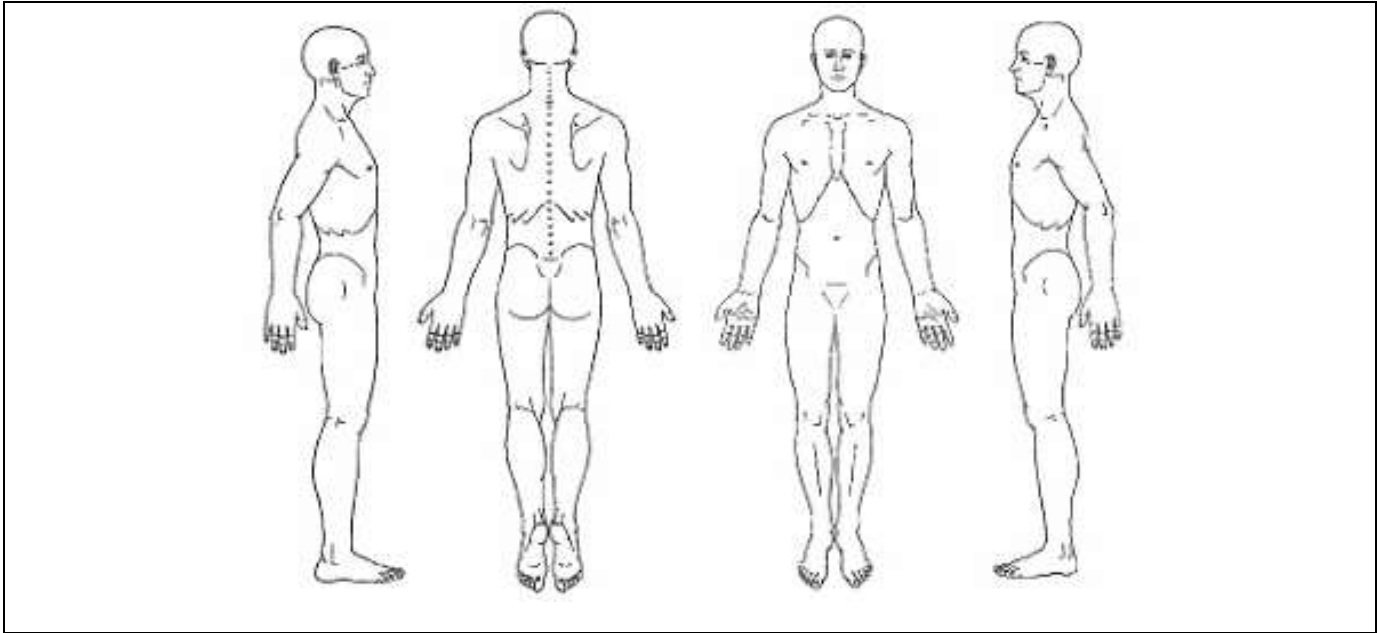
Expectation for this session: \_\_\_\_\_

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Please indicate on the drawings below where you are experiencing any discomfort.



If you have any other comments regarding your health or if you would like to expand on any areas of discomfort, please indicate in your own words:

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I understand the above information is strictly confidential and is used to help the massage therapist determine any indications or contraindications for massage.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## POLICIES

### Gratuities

We believe that taking care of your health does not warrant tipping. Therefore, Body Renewal & Rejuvenation does not expect or accept gratuities.

### Cancellation Policy

There is a 24-hour cancellation policy and with less than 24 hours of notice the normal fee will be charged and/or deducted from gift certificates or packages.

### Conduct

Any illicit or sexually suggestive remarks or advances will result in immediate termination of the session, and the client will be liable for the full payment of that appointment. The client will then no longer be able to book any future appointments at Body Renewal & Rejuvenation.

## MASSAGE THERAPY AND PERSONAL TRAINING INFORMED CONSENT

I \_\_\_\_\_, (client) understand that massage therapy provided by, Jacqueline Holtzman, LMT, of Body Renewal & Rejuvenation is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, help rehabilitate injured muscles and tendons, and improve circulation. I also understand any stretches/exercises recommended to me by Jacqueline Holtzman, Certified Personal Trainer-Restorative Exercise Specialist, are intended to help balance my muscles.

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I understand if I have a specific condition or specific symptoms, massage may be contraindicated, and a referral from my physician may be requested prior to service being provided. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

Exercises and/or stretches may be recommended, and I understand these are not to be construed as medical advice and are not a substitute for a healthcare professional. Any exercises/stretching will be done at my own risk. Jacqueline Holtzman, Body Renewal & Rejuvenation, and Jacqueline Nicoletti, Inc., disclaim any liability for injury or loss associated with the instruction of stretches/exercises and for my performance of them. It is my responsibility to consult with my doctor before beginning any exercise program.

Body Renewal & Rejuvenation reserves the right to refuse or discontinue treatment according to contraindications, noncompliance with ethical codes, sexual misconduct, noncompliance with Policies or for any other reason. I have received a copy of the therapist's policies. I understand them and agree to abide by them.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date