

# Massaging Moments

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Welcome to the Massaging Moments Team! We are so glad that you have chosen to Rejuvenate With Massage! This manual is intended to be a brief guide of our policies, fees, standards, and an explanation of what our objective here at Massaging Moments is. We are committed to providing excellence in massage therapy services, and at all times conducting ourselves in a professional manner. We want you to feel welcome at anytime to ask questions, offer suggestions, compliment, or comment. Please also feel free to like us on Facebook or Google our reviews, just to familiarize yourself with our company. We believe, this manual will provide you with solid foundation of standards, policies, procedures and expectations. Please review this manual to its entirety.

We look forward to seeing that you enjoy your experience & benefit from our services. We are ecstatic that you have chosen to grow with us, and again Welcome to our team!

Sincerely,

Javonna Mercier LMT  
Owner

Daniele Garman MP  
Owner



# Massage Client Intake Form

**PLEASE PRINT LEGIBLY**

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Occupation \_\_\_\_\_ Referred to This Office By \_\_\_\_\_  
In Case of Emergency Please Contact \_\_\_\_\_ Phone \_\_\_\_\_

## General and Medical Information

- Y N Have you ever had a professional massage? If yes, how often? \_\_\_\_\_  
Y N Are you pregnant? If yes, how far along are you? \_\_\_\_\_  
Y N Are you sensitive to touch/pressure in any area? (ticklish?) \_\_\_\_\_  
Y N Are you allergic or sensitive to any oils (essential oils, nut oils, scents)? If yes, please list:

\_\_\_\_\_

List of current medications and reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of surgeries (type and date): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Indicate Areas of Pain/Tension:

On a scale from 1-10, 10=highest, rate your levels of:  
Stress \_\_\_\_\_ Pain \_\_\_\_\_ Energy \_\_\_\_\_  
How did your symptoms begin and when did they start?

\_\_\_\_\_

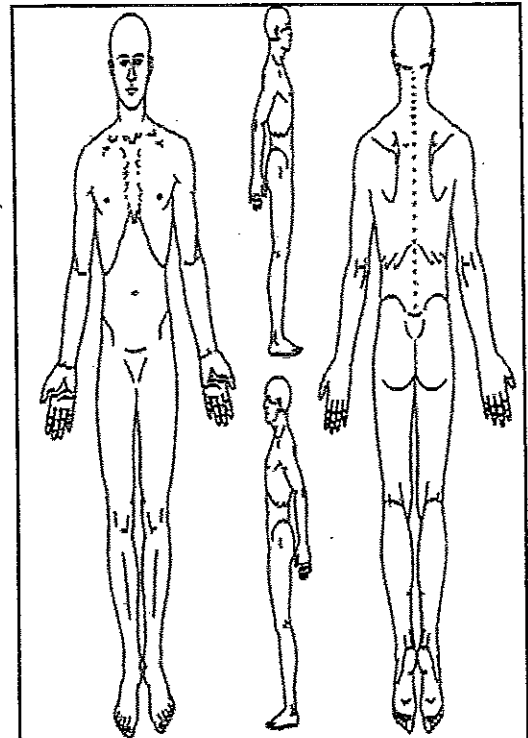
\_\_\_\_\_

What have you done for relief? \_\_\_\_\_

Is the condition getting better/worse? \_\_\_\_\_

### ***Please check all that apply:***

- Skin condition-rash, warts, hives, skin cancer, other \_\_\_\_\_
- Lymphatic condition-swollen gland, nasal congestion, lymph edema
- Joint problems/stiffness-arthritis, sacroiliac problems, TMJ, other \_\_\_\_\_
- Bone Condition-osteoporosis, fracture, other \_\_\_\_\_
- Headaches
- Recent injury or accident-whiplash, sprain, bruise, other \_\_\_\_\_
- Circulatory Condition-high blood pressure, varicose veins, blood clots
- Numbness/Tingling, Sciatica
- Tendonitis, Bursitis
- Diabetes



Please mark in the diagram above any areas where you have pain or discomfort.

## Massage Client Intake Form

### Massage Client Waiver Form

*Please take a moment to read and initial all of the following statements:*

\_\_\_\_\_ If I experience pain and/or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain and/or discomfort I experience during or after the session.

\_\_\_\_\_ I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

\_\_\_\_\_ I affirm that I have notified my therapist of all known medical conditions and/or injuries.

\_\_\_\_\_ I agree to inform my therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget or neglect to do so.

\_\_\_\_\_ I understand that massage is entirely therapeutic and professional, and non-sexual in nature.

\_\_\_\_\_ By signing this release, I hereby waive and release my therapist from any liability, past, present, and future relating to massage therapy and body work

\_\_\_\_\_ I understand that should I cancel an appointment less than 24 hours before my scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. This fee is monetary & can't be taken as an additional "punch" off a massage package card. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee

### INFORMATION and SUGGESTIONS

- Firm pressure or Deep pressure may result in some discomfort, soreness, reddening of the skin, or potential bruising. However, it's the client's responsibility to communicate with the practitioner/therapist at any/all times. You should NOT be in "pain". Take slow deep breathes during the session, communicate at any time you begin to experience any discomfort.
- In general, massage is given while unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage & you should feel as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist/practitioner is a highly trained professional & will be happy to make you feel informed and comfortable.

I have received the policy statement, and have read and agree to the policies therein.

Client name: \_\_\_\_\_ Client signature \_\_\_\_\_ Date \_\_\_\_\_

# MASSAGING MOMENTS EXPLANATION OF FEES POLICY

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The purpose of this page is to clarify your financial responsibilities so that we focus our efforts on helping you achieve optimal results in the shortest possible amount of time.

<u>(Single)</u>	<u>Massage Length</u>	<u>Cost</u>	<u>(Couples)</u>	<u>Massage Length</u>	<u>Cost</u>
	30min	\$25		60min	\$110
	45min	\$40		90min	\$145
	60min	\$55			
	90min	\$85			

## NO REFUNDS-ALL SALES ARE FINAL

Forms of Payment: Patients are responsible for full payment at the time services are rendered. We accept: Cash, Discover, Visa, Mastercard, FSA, HSA and NOW ACCEPTING Paypal. Any credit arrangements must be authorized in advance by the Massage Therapist (Daniele G. or Javonna M.).

All professional services rendered are charged to the client receiving care. A fee will be required, in the event that we (Massaging Moments Staff) will supply you with statements, reports, or other documents to help you receive reimbursement from a third party, and/or to appear in court on your behalf.

### **Missed/Cancellation Appointment Policy**

- Our office requires 12 hours notice cancellation of Massage Therapy Appointments.
- Please keep in mind that your time commitment begins at the moment you reserve a massage. In order to make it fair for everyone, please consider your schedule carefully and don't commit to a time that you feel may be questionable.
- Appointments missed or cancelled without 4 hours notice will be charged ½ the cost of treatment.

*I consent to charge my credit card# \_\_\_\_\_ expiry date: \_\_\_\_\_*

*For missed appointments.*

*Patient signature: \_\_\_\_\_*

I have read, understood, and agreed to the fees and payment obligations as listed above.

\_\_\_\_\_  
*Patient (or parent/guardian) signature*

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

## Cancellations

Appointments Cancelled less than 4 hours of scheduled time will be charged a fee. The fee will be half the cost of the massage.

This is very important to not just our other clients, but to our therapist as well. All of our time is very important!

Thank You,  
Management