

**ALPINE THERAPEUTIC MASSAGE**  
Phoenix Michelle Alexander, L.M.T. MA#4392  
**253-838-3336**

**36511 32nd Ave. So.**  
**Auburn, WA 98001**  
**AlpineTherapeuticMassage@gmail.com**

### **CONFIDENTIAL CLIENT INFORMATION FORM**

#### **Please Print**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Chiropractor \_\_\_\_\_ Phone \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
e-mail address : \_\_\_\_\_ (E-mail will keep you informed of special promotions.)

#### **Health History:**

Are you currently taking any medication? \_\_\_\_\_ If so, what? \_\_\_\_\_ For what conditions? \_\_\_\_\_  
Prescription list: \_\_\_\_\_  
Are you Pregnant? \_\_\_\_\_ How many weeks? \_\_\_\_\_ Have you ever had surgery? \_\_\_\_\_ When \_\_\_\_\_  
For what condition? \_\_\_\_\_ Date of last Physical Exam \_\_\_\_\_  
Have you had a recent Injury or Illness? \_\_\_\_\_ What? \_\_\_\_\_ When? \_\_\_\_\_ Hospitalized? \_\_\_\_\_  
What results do you want from your massage? \_\_\_\_\_  
Areas needing special attention in your massage \_\_\_\_\_

#### **Please check the box in front of any conditions that apply to you.**

<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Phlebitis	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Blood Clots
<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures/Epilepsy
<input type="checkbox"/> Contagious Condition	<input type="checkbox"/> Cancer	<input type="checkbox"/> Tumors	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Ulcerated Colon	<input type="checkbox"/> Neck/Spinal Injury	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Back Pain
<input type="checkbox"/> Headaches	<input type="checkbox"/> Disc Problems	<input type="checkbox"/> Stroke	<input type="checkbox"/> Allergies
<input type="checkbox"/> Skin Disorders	<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> HIV/Aids	<input type="checkbox"/> Contacts
<input type="checkbox"/> Dentures	<input type="checkbox"/> Muscle Tightness	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Numbness
<input type="checkbox"/> Stress	<input type="checkbox"/> Fever	<input type="checkbox"/> Cold/Flu	<input type="checkbox"/> Sinus Congestion
<input type="checkbox"/> MRSA	<input type="checkbox"/> Other _____		

#### **Office Policies:**

**No Show Policy:** If you do not call and cancel your appointment with 24 hours notice, you may be charged the **full amount** for your appt. If prepaid with Gift Certificate, Monthly Club, etc., the value of a gift certificate, or monthly charge will be applied to the missed appointment.

**Cancellation Policy:** Your appointment is reserved for you. Please give 24 hours notice if you are unable to keep your appointment. If cancelled less than 24 hours in advance will be charged \$35.00 for late cancellation.

**Reservation is guaranteed with a credit card. Insurance clients will be billed personally for missed appointments.**

#### **Financial Policy:**

**Payment** is due at the time of each visit, unless other specific arrangements are made. I understand and acknowledge that: my health insurance policy is an arrangement between the health plan and myself, I am responsible for all bills incurred during treatment, and that ALL insurance payments are due within 60 days of treatment.

***I have read and understand the financial and cancellation policy.***

*Initials* \_\_\_\_\_

#### **Privacy Policy**

***I have been given a copy of the Privacy Policy. I don't have any questions about it. Initials*** \_\_\_\_\_  
***(Or: Initials*** \_\_\_\_\_ ***I have questions and would like the Privacy Officer to contact me.)***

## ***Spa Liability Release***

I understand that massage is given for the purpose of stress reduction, relief from muscular tension, spasm, pain, or for increasing circulation. I understand that **Massage Therapists do not diagnose** illness, disease, or any other physical or mental disorder. They don't prescribe medical treatment, pharmaceuticals, nor perform spinal manipulation. It has been made clear to me that **Massage is not a substitute for medical examination or diagnosis** and that it is recommended that I see a physician for any physical ailment that I might have.

***I have stated all my known medical conditions and will keep my Massage Practitioner updated on my health.***

***I consent to massage therapy.***

*Initials* \_\_\_\_\_

### ***Release of Liability:***

***I have read and understand the above explanation of Massage Therapy Services.***

*I, for myself, my heirs, executor and or administrator, waive and release any and all claims from any and all responsibilities of liability or damages and/or injuries I may have now, or hereafter, including any falls or any injuries incurred or sustained on the property located at:*

*36511 32nd Ave S Auburn, WA 98001.*

*With full knowledge, I agree to waive any claim against, and hold harmless and indemnify, from any responsibility now or in the future :*

*Ashley M Davidek - DBA Phoenix Salon And Spa, as a result of receiving any Cosmetology or Massage Therapy Treatments/Sessions.*

*And or Phoenix M. Alexander DBA Alpine Therapeutic Massage, as a result of receiving Massage Therapy Treatments, Reiki, Somatic Emotional Release, Qigong, Breathing Exercises, personal Coaching Hypnotherapy, Mindfulness Exercises or Any other Treatments/Session received from Phoenix Alexander.*

*This includes claims classified as negligence, as I acknowledge that I am aware of the inherent risks involved in receiving treatments or sessions.*

*I consent to Massage Therapy Treatments, And Cosmetology Services, or Personal Coaching as agreed upon services.*

Name \_\_\_\_\_ printed

Address: \_\_\_\_\_

Phone# \_\_\_\_\_

*Signature* \_\_\_\_\_

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