

**Imagine Wellness Client Intake Form, COVID-19 Protocol, Informed Consent
July 2020**

Name: _____

Email: _____ Date: _____

Address _____ City: _____

State: _____ Zip: _____

Age: _____ DOB: _____ Occupation: _____

Phone: _____ Cell: _____

Preferred Communication: _____

Referred By: _____

Physician: _____ Phone: _____

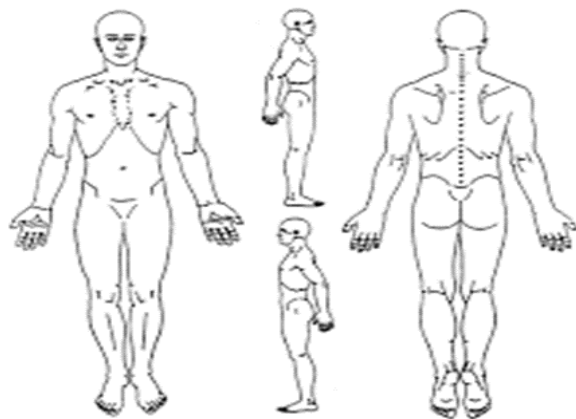
Medical Information

Injuries: _____

Surgeries: _____

Medications:

Mark areas of Discomfort



Imagine Wellness Therapeutic Massage Client Intake Continued

Massage Information

Have you ever received professional massage therapy? _____

When? _____ How often? _____

Have you ever received cupping? _____

What kind of pressure do you like? (light, medium, firm, deep, in between)

What areas would you like focused on? _____

What areas should I avoid? _____

Any allergies to oils, nuts, or lotions? _____

Goals for Massage? _____

Lifestyle

Exercise/Activity: _____

Hobbies: _____

How much water each day? _____

Sleep? _____ hrs/night Any wake-up times? _____

COVID-19 Related Questions

Have you had a fever in the last 24 hours of 100 degrees or above? Yes _____
No _____

Do you now or have you recently had any respiratory or flu symptoms, sore throat, or shortness of breath? Yes _____ No _____

Do you now, or have you recently had, any chills, muscle aches, new loss of taste or smell, or new rashes or lesions? Yes _____ No _____

Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms?

Yes _____ No _____

Do you have any special needs I should prepare for?

Do you have any questions or concerns?

General Liability Release

Please Initial Each Item Below

I give my permission to receive massage therapy _____

I have listed all my medications _____

I have listed all my known medical conditions and physical limitations _____

I have clearance from my physician to receive massage _____

I understand that massage is not a replacement for medical care and that no diagnosis will be made _____

I understand that it is my responsibility to inform the therapist of any discomfort I may feel during the massage so she can adjust accordingly _____

I understand that either I or the massage therapist may terminate the session at any time

I understand cupping marks may result from any cupping treatment _____

I will inform the therapist of any changes in my physical health _____

I am aware that I am financially responsible for my treatments _____

I have been given a chance to ask questions and have had my questions answered _____

Client Signature _____ Date _____

Imagine Wellness Therapeutic Massage

COVID -19 updated policy information 6/2020

Due to COVID-19:

New Cancellation Policy

Amid the ongoing uncertainty of COVID-19, Imagine Wellness has modified its cancellation policy to alleviate any stress or hesitation you may have about an upcoming appointment. If you are experiencing a cough, fever, sore-throat, or flu like symptoms, please cancel or reschedule your appointment for when you are no longer experiencing symptoms. If you have been to a COVID-19 impacted area or have been in close contact with a person infected with COVID-19, Imagine Wellness asks that you cancel or reschedule your appointment for 14 days past the date of contact. At this time there are no penalties or charges for cancelled appointments, but I ask that you call Imagine Wellness to cancel or reschedule as soon as possible.

Shelter in place recommendations:

In accordance with extended CDC shelter-in-place recommendations Imagine Wellness is not working with clients with compromised immune systems or clients in other high-risk categories. Clients aged 65 or above need to have a written release from their physician.

Personal protective equipment:

Face masks must be worn to enter Shelburne Athletic Club, The Wellness Center, and the treatment rooms by both the therapist and client. The client may remove their mask only when face down and then replace it when turning face up. The treatment room, table, any equipment used, and bathroom are disinfected with medical grade disinfectant between clients.

Appointment Protocol

When you call or email Imagine Wellness for an appointment, I will send you an intake form that includes a general liability form that you will fill out in advance.

Please email those back to me before your appointment or bring them with you to your appointment. On the day of your appointment please take your temperature. When you arrive for your appointment call me from the parking lot, and I will come out to meet you for a masked pre-screening (take your temperature and ask some questions). Please let me know if you do not have a mask and I can provide one. Once inside we will go directly into the treatment room for a brief consultation to review your intake form and update any changes. The Massage therapist will suggest how to position yourself on the massage table. You will undress to your comfort level after the therapist has left the room, get on the table, and cover yourself. Please stay under the sheets for the duration of the massage. The massage therapist will be respectful of your privacy and undrape only the area that is the focus of their work at that moment.

When you are ready the massage therapist will re-enter the room and make sure you are comfortable. Depending on your preference (Essential oils, CBD) the therapist will undrape one area and apply oil, lotion, or massage gel. A full body massage usually covers the entire back, gluteals, legs and arms back and front, feet and hands, pectorals, neck, face, and head. However, the face work is limited due to masking and depending on the individual, the therapist may spend additional time and attention in a specific area using a variety of therapeutic techniques.

You will get the most out of your massage by communicating with your massage therapist. Please communicate with your therapist any issues of soreness, tenderness, pain, tension and always let the therapist know if they need to alter the amount of pressure they are using. Massage therapy should not hurt. Occasionally when the massage therapist applies pressure directly over a "knot" or trigger point the level of sensation will change - please let the therapist know if it is too much.

After, the massage the therapist will leave the room so that you can dress. You may want to stay on the table a little longer and savor the deep relaxation and feelings of spaciousness in your body. When you are ready, come to a sitting position slowly and just sit for a minute so you adjust to being upright. When you are ready, dress and the therapist will meet you as you exit the room. Mask and use the hand sanitizer liberally before exiting the treatment room.

After your massage, you will feel calm and relaxed. Try to maintain your relaxed state by not doing too much physical exertion afterwards and drink a lot of water to keep your body hydrated. Occasionally, people feel some soreness or achiness the next day. This feeling should not last, but please make note and call your therapist if you are concerned.

To Maximize Your Massage Experience

- * Hydrate well in advance of your massage appointment
- * Don't eat a heavy meal before your massage
- * If it is your first time arrive 15 minutes early for intake
- * Take a few minutes of quiet time for yourself before your massage
- * Always let the massage therapist know if there have been any medical or health related changes (medicine, injuries, blood pressure etc...)

Client Signature _____ Date _____

Consent to Treatment

To proceed with receiving care, I confirm and understand the following (Initial in all places provided) I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

_____ I understand that I am the decision maker for my health care. To the best of their ability, my practitioner will provide me with information to assist me in making informed choices. This process is often referred to as “informed consent” and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult.

_____ I understand that preventative measures and intensified sanitation

protocols intended to reduce the spread of COVID-19 have been implemented. However, because this work involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to you and the staff at your offices to proceed with providing care.

_____ I have been offered a copy of this consent form. _____ I

KNOWINGLY AND WILLINGLY 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 QUESTIONS WERE ANSWERED TO MY SATISFACTION. I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO TREAT. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION TO RECEIVE CARE AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM ALL PROVIDERS IN THIS OFFICE FOR MY PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S) FOR WHICH I SEEK CARE FROM THIS OFFICE.

Client Signature: _____

Date: _____