



For Internal Use Only

Package Type: _____

Package #: _____

Referred By: _____

Client Intake Form 2023

Personal Information

Name _____ Phone (day) _____ (evening) _____

Address _____ City/State/Zip _____ DOB _____

Occupation _____ Employer _____

Email _____ Primary Physician _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? _____

Medical Information

Are you taking any medications? Yes No
If yes, please list name and use: _____

Are you currently pregnant? Yes No
If yes, how far along? _____
Any high risk factors? _____

Do you suffer from chronic pain? Yes No
If yes, please explain _____

What makes it better? _____

What makes it worse? _____

Have you had any orthopedic injuries? Yes No
If yes, please list: _____

Please indicate any of the following that apply to you.

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Joint Replacement(s) |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> High/Low Blood Pressure | |

Explain any conditions you have marked above:

Medical Information

Have you had a professional massage before? Yes No
What type of massage are you seeking?

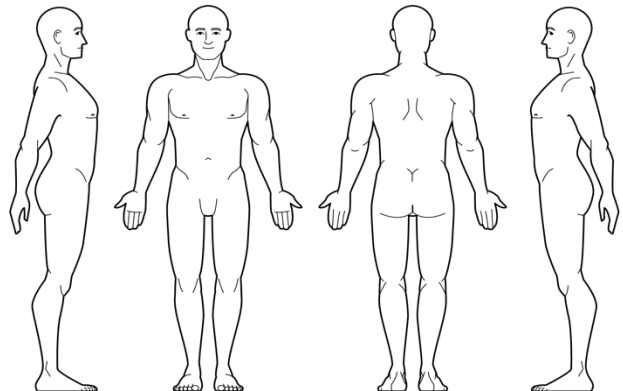
- Relaxation Therapeutic/Deep Tissue
 Prenatal Hot Stone Cupping

What pressure do you prefer?
 Light Medium Deep
Do you have any allergies or sensitivities? Yes No
Please explain _____

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? Yes No
Please explain _____

What are your goals for this treatment session?

Please circle any areas of discomfort



I have completed this form to the best of my ability and knowledge and hereby agree to inform my therapist if any of the above information changes at any time.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

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General Liability Release 2023

Please take a moment to read, understand, and initial the following information:

_____ I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow

_____ I understand that the services offered 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.

_____ If I experience pain 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 or discomfort I experience during or after the session.

_____ I have clearance from my physician to receive massage therapy.

_____ I understand the risks associated with massage therapy including, but are not limited to:

- Superficial bruising
- Short-term muscle soreness
- Exacerbation of undiscovered injury

I therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.

_____ I understand the importance of informing my massage therapist of all medical conditions, existing injuries and medications I am taking, and agree to let the massage therapist know about any changes to these. I understand that there shall be no liability on the therapist's part should I forget to do so. I understand that there may be additional risks based on my physical condition

_____ I understand that massage is entirely therapeutic and non-sexual in nature.

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

_____ I have been given the Client Intake Packet containing all terms, notices, releases, and policies pertaining to the services I will be receiving. I have been given a chance to ask questions and my questions have been answered.

_____ By signing this release, I hereby agree to the above conditions of liability waive and release my therapist from any and all liability, past, present, and future relating to massage therapy.

Signature _____ Date _____



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General Policies 2023

To provide the best service possible to our clients we have implemented the following policies.

Cancellation Policy

We respectfully ask that you provide us with a 24 hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24 hour notice we are often unable to fill that appointment time. This is an inconvenience to your therapist and also means our other clients miss the chance to receive services they need. For this reason, you will be charged 30% of the session's retail value prior to any discounts. If your card is not on file, you will be required to pay the 30% fee prior to the start of your next session. We reserve the right to require a credit card number to be given to book future appointments so that appropriate fees may be charged if a late cancellation or no show does occur again.

We understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, we request that you cancel your session. Inclement weather may also result in the need for late cancellations. We will do our best to give advanced notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any cancellation/no show charges, but this is determined on a case-by-case basis and is at the sole discretion of Schnipke Massage to Health, LLC.

Late Arrival Policy

We request that you arrive 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your session. We ask that you call to inform us if this ever occurs so we can do our best to accommodate you. However, Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, late arrivals will be handled as follows:

If you arrive within 15 minutes of your session, your session will be honored, minus the time you were late so that your session ends at the scheduled time.

The service fees will be charged in full even when sessions are shortened due to late arrival.

In return, we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

If you are unable to make it to your session within 15 minutes of your session time, you will have to reschedule your session.

Inappropriate Behavior Policy

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full service fee regardless of the length of your session. Depending on the behavior exhibited we may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

By signing below, you agree to abide by these policies.

Client Signature _____ Date _____



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Marketing Release 2023

To provide transparent operation of our marketing practices to our clients we have developed the following release.

This release is in conjunction with our website terms, conditions, & disclaimers.

With respect to content including, but not limited to photos and reviews, you hereby grant Schnipke Massage to Health, LLC and their marketing partners an exclusive, worldwide, irrevocable, royalty-free, license to use, reproduce, adapt, publish, translate and distribute on our website and marketing material for advertising purposes. Schnipke Massage to Health, LLC reserves the right to remove any of your content from their website and other marketing materials at any time, and for any reason, without notice.

Signature _____ Date _____

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Session & Package Policy 2023

To provide the best service possible to our clients we have implemented the following session and package policy terms.

Session Limitations

We are only able to do 1 hot stone massage a day. We will attempt to avoid multiple scheduling of this session type in a given day. If more than one session is scheduled in a given day, the first appointment booked will receive the session. The others will default to a therapeutic or relaxation massage or can be rescheduled.

Package Lengths

- Mini packages are valid for 3 sessions.
- Starter packages are valid for 6 sessions.
- Key packages are valid for 12 sessions.
- All package sessions must be used within 2 years of the date of purchase at which time any remaining sessions will expire and the remaining allocated session deposit will not be refunded.
- Once all package sessions have been used, you must renew your package to receive a discounted rate.
 - Package renewals require a new deposit and will be renewed at current rates and deposits unless otherwise stated by Schnipke Massage to Health, LLC

Package Deposit

- Package deposits are NON-REFUNDABLE.
- Mini Package Deposit = \$90
- Starter Package Deposit = \$180
- Key Package Deposit = \$360
- Package deposit will be applied to clients' sessions on a \$30/session distribution rate.

Package Paid in Full

- Unlike deposit paid packages, Paid in Full packages will lock you in to either all 60 min, 90 min, or hot stone sessions.
- If a session is desired that is not your locked in session, you will be required to pay the difference of the 2 at your package rate. i.e. your Paid in Full Key package is a 60 min and you would like a 90 min session, \$85-\$59.50= \$25.5+Tax owed at checkout.

Package Calculations

Minimum package savings are calculated by: the smallest session's savings x min membership sessions.
By signing below, you agree to abide by these policies.

Client Signature _____ Date _____

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Minor Release 2023

To provide the best service possible to our clients we have developed the following minor release.

All persons under the age of 18 are required to have a parent or guardian fill out this form.

By signing below, you agree that you are the parent or legal guardian of the minor receiving treatment(s) at our facility. You understand that you are required to remain at the facility for the entirety of the minor's treatment(s). You will also be required, if needed, to assist the minor in preparing for his/her treatment(s). We may also request that you remain in the treatment room to supervise all interactions between the therapist and the minor.

You also agree that you have completed the Intake Form and have informed the therapist of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s).

PLEASE PRINT CLEARLY:

I _____, certify that I am the parent or legal guardian of _____, who is _____ years of age as of today. I have completed the Intake Form for the above-mentioned minor and informed the therapist of all relevant medical history and concerns. I understand the scope of massage therapy and that it is not meant to diagnose, treat, or cure any conditions and is not a replacement for standard medical care. I give permission for my minor child to receive treatment(s) at this facility and agree to all the above terms.

Print Name _____

Signature _____ Date _____