

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 and Personal Training 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	Cancer	Sudden Weight Loss/Gain	Chronic Cough
Loss of Memory	Chronic Pain	Muscular / Joint Pain	Chest Pain
Recent Erratic Behavior	Extreme Fatigue	Active Herpes	Shortness of Breath
Artherosclerosis	Plantar Fasciitis	Circulatory Problems	Smoking
Light Headedness	Multiple Sclerosis	Cold Hands / Feet	Heart Palpitations
Nausea	Lupus	High / Low Blood Pressure	Headaches / Migraines
Faintness	Scleroderma	Current Painful Swelling	Gas or Bloating
Visual Blurring	Osteo or Rheumatoid	Kidney or Bladder	Constipation / Diarrhea
	Arthritis	Infection / Disease	Colitis
Dizziness	Osteoporosis	Slipped Disc	Liver Trouble
History of Embolism or	Bruise Easily	Abdominal Pain	Jaundice
Thrombus or Blood Clot		Severe Pain	Gallbladder Trouble
Swollen Leg(s)	Diabetes	Fibromyalgia	Allergic to Nuts / Nut Oils
Ulcers on Ankles	Cardiovascular Disease	Stomach Ulcers	Sinus Trouble / Allergies
Recent or current:	History of	Varicose Veins	Sensitive Skin
Bone Fracture	Heart Attack	Prostate Trouble	History of Miscarriage
Dislocations	or Stroke	TMJ	Pinched Nerve
Acute Infectious Diseases	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: _____

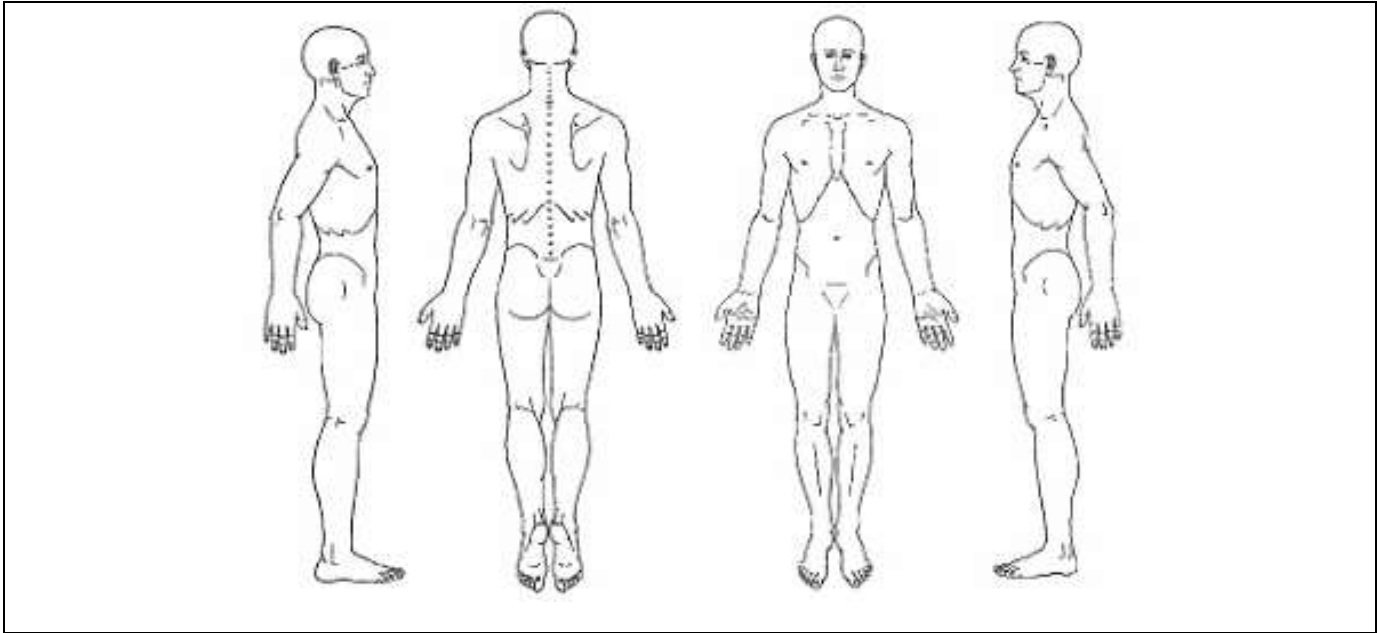
Expectation for this session: _____

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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:

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.

Sickness

If you are feeling ill or have symptoms of illness, please cancel your appointment even if it is less than 24 hours until your appointment. The cancellation fee will not be charged in this case. If you arrive with apparent symptoms of illness, the therapist has the right to terminate your visit at any point during the session, and you will be expected to pay the full fee for the session.

Tardiness

Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment.

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.

I have received a copy of the therapist's policies. I understand them and agree to abide by them.

Client Signature

Date

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MASSAGE THERAPY AND PERSONAL TRAINING INFORMED CONSENT

I _____, (client) understand that massage therapy provided by, Jacqueline Holtzman, LMT, of Jacqueline Nicoletti, Inc., DBA 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/stretchers will be done at my own risk. Jacqueline Holtzman of Jacqueline Nicoletti, Inc., DBA Body Renewal & Rejuvenation, 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

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Consent for Treatment and COVID-19

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 Jacqueline Holtzman of Jacqueline Nicoletti, Inc., DBA Body Renewal & Rejuvenation, 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 JACQUELINE HOLTZMAN FOR MY PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S) FOR WHICH I SEEK CARE FROM THIS OFFICE.

Client Signature

Date

Parent or Guardian Signature (in case of a minor)

Date

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