*Stone Therapy Massage Intake Form* *Mei Leslie, LMT, Selah Massage & Bodywork*

## Client Information

**Name** _____ Date _____

Address _____ City, State & Zip _____

Phone (Home)_____ (Work / Cell) _____

I prefer to receive appointment reminders via ❑ Text ❑ Phone call/Voice mail ❑ Email

Birthday_____Age_____Email _____

Emergency Contact _____ Phone _____

**PLEASE NOTE:** Stone Therapy Massage is not suitable for everyone. Please review the list of contra-indications below. If any of these conditions apply to you, then you should **NOT** receive Stone Therapy Massage. If you have any doubt whether Stone Therapy Massage is safe for you, please check with your doctor before receiving this modality.

❑ Blood clots/prone to clotting
❑ Bruise easily
❑ Cancer
❑ Chemo or radiation treatments
❑ Depressed immune system
❑ Diabetes
❑ Recent surgery
❑ Fibromyalgia
❑ HIV/AIDS
❑ Lupus
❑ Epstein Barr
❑ Heart problems
❑ High blood pressure
❑ Heat sensitivity
❑ Pregnant
❑ Taking medications that have side effects to heat
❑ Mononucleosis
❑ Inflamed skin conditions
❑ Nerve Trauma
❑ Neuropathy
❑ Open wounds or sores
❑ Peripheral vascular disorder
❑ Varicose veins

## Current Health Information

Are you generally in good health? ❑ Yes ❑ No Daily water intake: _____ 16 oz glasses

Are you pregnant, post-delivery, or nursing? ❑ Yes ❑ No ❑ N/A

***Activity Level:*** Exercise: ❑ regularly ❑ occasionally ❑ never

Stretching: ❑ regularly ❑ occasionally ❑ never

List sports/exercises/hobbies you do regularly: _____

Have you had other previous professional massage / bodywork? ❑ Yes ❑ No

***Indicate consumption:***

| | | | | |
|---|---|---|---|---|
| Caffeine | ❑ None | ❑ Light | ❑ Moderate | ❑ Heavy |
| Alcohol | ❑ None | ❑ Light | ❑ Moderate | ❑ Heavy |
| Nicotine | ❑ None | ❑ Light | ❑ Moderate | ❑ Heavy |

How would you describe your overall level of stress? ❑ Low ❑ Medium ❑ High

Have you had previous professional massage / bodywork? ❑ Yes ❑ No

Are you currently in any pain? ❑ Yes ❑ No If yes, is it: ❑ Light ❑ Moderate ❑ Severe

***Medications currently taking:***

❑ antibiotics
❑ anti-diuretic
❑ bronchial dilator
❑ muscle relaxant
❑ other _____
❑ anti-coagulants
❑ anti-stress
❑ diuretic
❑ pain killers
❑ anti-depressants
❑ beta blocker
❑ hormone replacement
❑ ulcer medication
❑ anti-inflammatory
❑ blood thinner
❑ insulin
❑ vitamins/supplements

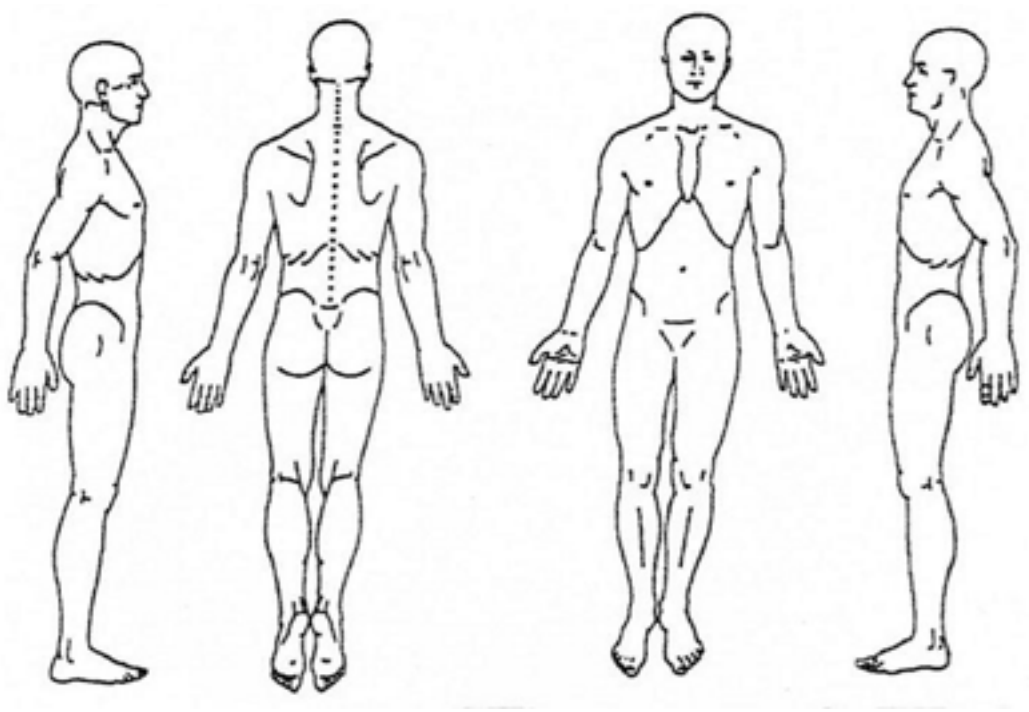
***Indicate any that apply.*** I wear/have:

- ❑ contact lenses
- ❑ pacemaker
- ❑ allergies
- ❑ eyeglasses
- ❑ dental appliance
- ❑ undiagnosed lumps
- ❑ orthotics
- ❑ breast implants
- ❑ hearing aid
- ❑ hair piece / wig
- ❑ other _____

***Hot and Cold Stones:*** The therapist uses volcanic basalt stones heated to 120 degrees; they hold their temperature for a long time, depending on the size of the stone. They are not left resting on your skin unless covered or cool enough to place. Specially designed marble stones are used in conjunction with heated stones to reduce inflammation and to create a dilating and constricting effect in the tissue. This brings about greater relaxation for tight muscles. The cold stones are chilled in an ice water bath. Though it sounds uncomfortable, the hot/cold contrast brings amazing relief to chronic tension. Cold stones will always be followed by hot stones to rewarm the body. However, if you are sensitive to cold, please indicate below that you would prefer not to have cold stone therapy applied.

❑ No, **DO NOT** include cold stone therapy at this time.

On the figures below, please circle the area(s), if any, that you would like me to particularly address:



Right Left

**A Word About Hydration:** The temperature of the treatment may be comparable to sitting in a sauna. It is ***very important*** that you are well hydrated before and after your session to prevent dizziness and/or nausea. Please drink water before (but not right before) your session. Stone Therapy is detoxifying by nature. It is ***imperative*** that you flush out the accumulated toxins that have been pushed from the tissues as a result of this treatment. You will be given water after your session, and will be expected to drink it! It is recommended that you continue rehydrating after you leave.

❑ I understand I need to be hydrated before and after treatment.

**Please read and sign:**
I understand that Stone Therapy Massage is for the purpose of stress reduction and/or relief from muscular tension/ spasm; and that the therapist does not diagnose illness, disease, or any other physical or mental disorder, or prescribe medical treatment or perform spinal manipulations. Information exchanged during the session is educational in nature and intended to help me become more conscious of my own health status. I have reported all my existing medical conditions and agree to report any changes as they occur. I understand I have the right to refuse treatment at any time during the session. I consent to have Stone Therapy Massage and do not hold the therapist liable for complications that may arise as a result of this treatment.

**Please note:** If you have a specific medical condition or present specific symptoms, certain massage or bodywork techniques may be contraindicated. A referral from your primary care provider may be required prior to your session. When no referral is provided the therapist reserves the right to refuse treatment.

**C**lient Signature _____ Date _____