



JAIMEE RONCONE, LMT

2 MECHANIC STREET, SUITE C4 • EASTHAMPTON, MA 01027

413-522-3324

Client Information Form

Name: _____ Birth Date: _____ Today's Date: _____

Phone: (Day) _____ (Evening) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ May I send newsletter/promotional emails? Yes No

How did you hear about me? _____

Please take the time to answer the following questions so that I may give you the best healing experience possible.

1. Have you had a professional massage before?..... Yes No
2. What types of massage/bodywork have you had? What was it for? How was your experience?

3. What are your goals for treatment?

4. Do you exercise regularly and/or participate in any sports?..... Yes No
If yes, please describe:

5. Are there any areas you do not wish to have worked on today?

6. Please list any specific areas you would like special attention paid to today:

7. Have you recently suffered an injury or other ailment?..... Yes No
If yes, please describe:

8. Do you have any areas of inflammation or bruising?..... Yes No
If yes, please describe:

9. Do you have any allergies? If so, to what? (please include lotions or oils if applicable)?..... Yes No

10. Do you have any skin lesions, cuts or scrapes today?..... Yes No

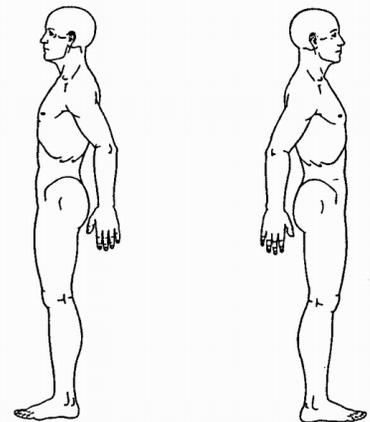
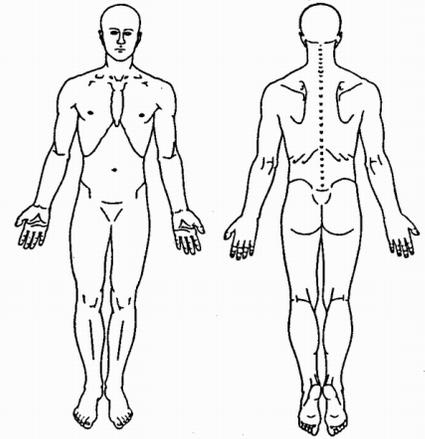
11. Have you had any accidents/injuries within the past two years?..... Yes No
 If so, please explain:

12. Are you currently taking any medications (prescription or non-prescription), herbs or other
 supplementation?..... Yes No
 If so, please list and include purpose for taking:

13. Please indicate with an 'X' areas of pain, tension or injury on figures at right.

14. Please check appropriate box:

| | Yes/Current | Past | No |
|----------------------------|--------------------------|--------------------------|--------------------------|
| Contact Lenses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dentures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Back Pain/Sciatica | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spinal Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Osteoporosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Broken Bones | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Easy Bruising | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Varicose Veins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phlebitis/Blood clots | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Low Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ulcer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tendonitis, Bursitis, etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lymphodema | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arthritis or Joint Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Seizures/Convulsions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Multiple Sclerosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nerve Degeneration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Infectious Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Growths/Cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Digestive Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aortic Aneurysm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thyroid Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



15. Have you had any surgeries? If so, what type and approximate date? (please include if you have had lymph nodes removed)

16. Please write anything else you feel would be relevant for me to know about you or your health in reference to your body treatment today (include any symptoms you may be experiencing).



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Client Informational Statement and Waiver

I understand that I will be receiving a therapeutic massage and/or bodywork and that the purpose of this massage and/or bodywork is to maintain good health and physical condition. I understand also that massage therapists may not diagnose or treat injuries or diseases and that massage and/or bodywork should not take the place of a Naturopathic or Medical doctor's care when indicated. I understand that services offered today, and in the future, are not a substitute for medical care and that any information provided by the therapist is for educational purposes only, and is not diagnostically prescriptive in nature.

I have stated all of my known medical conditions on the intake form. I realize that it is my sole responsibility to keep the bodywork practitioner updated on any changes in my physical health and I understand that Jaimee Roncone and Healing Tree Massage & Bodywork shall not be liable should I fail to do so.

I agree to actively participate, as much as possible, in my own healing and health maintenance.

I understand that all massage therapy and bodywork offered by Jaimee Roncone and Healing Tree Massage & Bodywork is strictly non-sexual and draping will be used. I also understand that either the massage therapist or the client may request a change in treatment or behavior (or end to the session) should either be experiencing discomfort inappropriate for the situation. Such discomfort may include (but is not limited to) physical pain, sexually-suggestive behavior or personal remarks or requests.

By signing this release, I hereby waive and release Jaimee Roncone and Healing Tree Massage & Bodywork from any and all liability, past, present and future, relating to massage therapy and bodywork.

Client _____ Date _____

I have received and read a copy of Healing Tree Massage and Bodywork's office policies.

Client _____ Date _____

Note: if you would like a copy of this for your records, please let me know.



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Office policies for Healing Tree Massage and Bodywork.

I understand that unanticipated events happen occasionally in everyone's life. It is my desire to be effective and fair to all of my clients and out of consideration for my time and because I can only see one client at a time with a limited number of massage appointments each day, I ask that you help me make the most of the time you have scheduled for your session by honoring the following policies:

Cancellations

24 hour advance notice is required when canceling an appointment. This allows the opportunity for someone else to benefit from my services. If you are unable to give me 24 hours advance notice, or if you do not show up for an appointment, **you will be charged the full amount** of what would have been your treatment fee. At my discretion this charge will be either automatically deducted from the outstanding balance of an existing "punch card" or gift certificate; otherwise, it must be paid in full prior to your next treatment. Please note, that as an alternative, you may arrange to send someone in your place.

In the event of **bad weather**, you will be contacted on the morning of your appointment to discuss how we will proceed. This is a joint discretion as to not put myself or my clients in danger driving.

Arriving late

Session times listed are for the actual length of the massage/bodywork session with additional time allotted for changing clothes and updating health information. If you are not present for your scheduled session during the first 15 minutes, there may not be enough time to complete the scheduled session. Depending upon how late you arrive, I will determine if there is enough time remaining to start a treatment...and regardless of the length of the treatment actually given, **you will be responsible for payment of the "full" session scheduled.**

*It is best if all clients appear 10 minutes before their scheduled appointment time. I find this allows you to decompress, use the restroom or just breathe before your appointment begins. Out of respect and consideration to me and other clients, **please plan accordingly and be on time.***

I LOOK FORWARD TO WORKING WITH YOU.