



Consent for Bodywork

Lynn Mace, LMT (NCBTMB #035942-00, Virginia #0019007893)

- The course of the session will be determined by your needs at the time of the appointment. There will be a brief consultation at the beginning of the session to determine those needs.
- This work is intended for stress reduction, self education, postural alignment and enhancing the body's self-healing mechanisms. It is not medical in nature and is not a substitute for medical attention when needed. You acknowledge your responsibility for consulting a doctor when appropriate.
- Your permission and consent is requested to apply whatever technique is appropriate for helping you establish balance in your body.
- In the course of a session, it is possible that uncomfortable sensations may occur. I request that you be accountable for expressing any concerns so that we may work together.
- When we make an appointment, it is an agreement. Cancellations must be made within 24 hours of your session. No-shows and late cancellations will be responsible for the full session amount. Please mail checks to: **Lynn Mace, 2389 Thunderstruck Rd. NE, Floyd, VA 24091.**
- However, if you are sick with a cold, flu, fever, or anything else contagious, cancel as soon as you know with no penalty! Bodywork when sick can interfere with the body's healing process. This is also an important part of preserving a safe, healthy therapeutic space.
- Payment is due at the time of my appointment unless other arrangements have been made.

Signature

Date

Client Intake Information

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Bus/Cell Phone _____

Referred by _____ Occupation _____

In case of emergency, call _____

Have you seen a physician for any reason within the last 2 years? _____ If yes, Doctor/Clinic _____

Please list any current medications, dosage, and reason _____

List sports, activities, hobbies, etc. _____

What type of bodywork have you experienced in the past? _____

Please list 3 goals you have for yourself (physical, emotional, mental or spiritual) in the context of our work together (in other words, what is your reason for the session)? _____

Do you have now, or have you had a history of the following: (please check all that apply and describe)

- Allergies _____
- Back Conditions _____
- Broken Bones _____
- Bursitis _____
- Cancer _____
- Circulatory Disorder _____
- Contact Lenses _____
- Diabetes _____
- Digestive Disorder _____
- Fatigue _____
- Heart Condition _____
- High Blood Pressure _____
- Insomnia _____
- Low Blood Pressure _____
- Migraine Headaches _____
- Nervous Tension _____
- Recent Injuries _____
- Sinus Condition _____
- Skeletal Disorder _____
- Skin Disorder _____
- Surgery _____
- Varicose Veins _____
- HIV Positive _____
- Other _____

