



## **Welcome to Network Family Wellness Center**

We want to thank you for choosing Network Family Wellness Center and for giving us the chance to help you. We know you have many choices when it comes to choosing a place for your professional massage.

Today, you will have the pleasure of having one of Boulder's best massage therapist work on you.

In order for us to provide the best service possible, we need your help. Please complete the following page and sign where appropriate. We find it takes most people around 5-minutes to complete accurately.

Please be sure to read the massage client policies after you complete the intake form and before you have your massage.

We also ask that you turn off all cell phones while in the office. This is your time. Please don't let it be interrupted by uninvited calls.

If you have any questions, please ask your therapist.

### **Our Mission**

Our mission is to empower mankind to make healthy and informed decisions regarding their health. We strive to serve, love, heal, and transform beyond your greatest expectations. We are dedicated to changing the prevailing world view from one that sees human beings as helpless victims of ill-health and life experiences into the awareness that we are uniquely and divinely created to be vibrant, well, and wholly capable of great things.



## Thank you for choosing Network Family Wellness Center

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Referred By: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of Spouse/Significant Other: \_\_\_\_\_ Marital Status: [S] [M] [D] [W]

Emergency Contact Name & Phone: \_\_\_\_\_

Are you a chiropractic patient? [No] [Yes] – Where? \_\_\_\_\_

Have you ever had a professional massage? [No] [Yes] – Where? \_\_\_\_\_

What are your goals for your session? \_\_\_\_\_

Present Symptoms: \_\_\_\_\_

Are you under chiropractic/medical/therapeutic treatment? [No] [Yes] – What? \_\_\_\_\_

Please list medical provider's name & phone: \_\_\_\_\_

List any medications (including aspirin) and nutritional supplements you are taking: \_\_\_\_\_

Specify any allergies: \_\_\_\_\_

Please list any comments regarding your health or any emotional stresses you may be dealing with: \_\_\_\_\_

Do you have any communicable or infectious conditions? [No] [Yes] – What? \_\_\_\_\_

Are there any injured areas or conditions, such as bruises, cuts, sores, abnormal blood pressure, blood clots or cancer, that may be aggravated by massage? [No] [Yes] – What? \_\_\_\_\_

Do you like aromatherapy (*i.e. scented oils*)? [No] [Yes]

Do you have any allergies to fragrances of flowers? [No] [Yes]

In undertaking a massage at Network Family Wellness Center, I (print name) \_\_\_\_\_

Agree that: *The purpose of the massage is to provide stress relief, pain control and relax. The therapist will not treat, prescribe or diagnose an illness, disease or any other physical or mental disorder. Nothing said in the course of a massage session should be misconstrued to be such. I understand that a massage involves having my body touched. I hereby authorize the therapist to perform massage. I understand that any relief of physical or emotional symptoms is the product of processes, which reside within me. The power to heal comes from within. I understand that I am responsible for my emotions, feelings, body and belongings and the therapist is responsible only for giving a massage. Control of the session is always mine and I can stop it at any time. In the spirit of this understanding, I agree to hold Network Family Wellness Center and its employees blameless from any problem which may arise as a result of my massage.*

I have read, understand, and agree to the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HIPPA Notice of Privacy Practices



## Network Family Wellness Center

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Network Family Wellness Center. 303.998.1000

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

As required by the privacy regulations, I am aware that Network Family Wellness Center has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

*By my signature below I acknowledge receipt of the Notice of Privacy Practices, I provide Network Family Wellness Center, with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operations as described in the Privacy Notice*

\_\_\_\_\_  
Signature of patient or authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name if signed on behalf of patient / Relationship (parent, legal guardian, personal representative, etc.)

(Notation, if any, by staff)

This form will be retained in your health record.

## Massage Policies

In order to eliminate any confusion about what you can expect of us or what we expect of you, please read the following **BEFORE** your massage.

1. We perform services for which we are qualified and able to do. We refer to appropriate specialist when work is not within our scope of practice and/or not in the client's interest.
2. Sessions begin and end at scheduled times. If a session begins late due to the client arriving late, the session will be shorted by an equal amount of time. The client is still charged for the full time period.
3. We provide our clients with a competent and professional massage session each time they come for an appointment, addressing the client's specific needs for that session.
4. We are available for appointments three days a week (Friday, Saturday and Sunday) and do our best to fill your desired time. To insure a preferred appointment time, it is recommended that you book at least a week in advance.
5. If we need to cancel an appointment, we will do our best to give you 24-hour notice.
6. If cancellation is necessary, please give 24-hour notice by calling 303.998.1000 during normal office hours. Cancellations without 24 hours notification will be charged the full fee.
7. Clients that repeatedly "no show" will be dismissed as a client.
8. Occasionally a therapist will call in sick. If so, we will attempt to have another therapist cover the massages. If we are unable to get coverage, we will notify you as soon as possible.
9. We do not guarantee that any one particular therapist will see you.
10. Payment is expected before time of service.
11. Be clean, having showered the same day as the session.
12. If you have a cold or flu, please reschedule your appointment. You will not be charged a cancellation fee for this type of cancellation. We need your support to maintain the health of our therapist and clients.
13. We do not perform massage on anyone under the influence of alcohol or drugs.
14. You can be assured that privacy and confidentiality is maintained at all times.
15. Clients are treated with respect and dignity. Personal and professional boundaries are respected at all times. Clients are covered with a sheet at all times during the session. Only the parts of the body being worked on are exposed at any time. The genitalia and breasts are never exposed or massaged.
16. Sexual harassment is not tolerated. If the therapist feels their safety is being compromised, the session will be stopped immediately.
17. All supplies used are clean and safe. Before each new session we put fresh clean sheets on the table.
18. Please turn off all pagers and cell phones during your session.
19. Tipping the therapist is encouraged.

