

## Medical Intake, Practice Policies, and Consent to Treat

RMH Massage Therapy

Legal Name: Vital Rejuvenation Med Spa, LLC

Doing Business As: RMH Massage Therapy

### Client Information

Full Legal Name:

Date of Birth:

Phone Number:

Email Address:

### Purpose of Care

RMH Massage Therapy provides medically therapeutic massage services only. Treatment is clinically focused and intended to address pain, improve mobility, and support physical recovery. Relaxation massage is not offered.

### Primary Complaint and Pain Location

What are you seeking treatment  
for:

Please list the specific areas where you are experiencing pain:

### Medical Intake Instructions

Check each box that applies to you. Checking a box means you have this condition.

If you are unsure, leave it unchecked and discuss it with Matt before treatment.

## **Medical Intake**

RMH Massage Therapy

### **Cardiovascular**

High blood pressure (controlled)  
Low blood pressure  
Heart disease  
History of heart attack  
History of stroke  
Blood clots  
Circulation problems  
Pacemaker or cardiac device

### **Neurological**

Numbness or tingling  
Neuropathy  
Sciatica  
Seizure disorders  
Migraines  
Traumatic brain injury  
Nerve compression  
Multiple sclerosis  
Parkinsons disease

### **Musculoskeletal**

Recent injuries  
Herniated discs  
Bulging discs  
Pinched nerves  
Scoliosis  
Fracture history  
Joint instability  
Chronic back pain  
Chronic neck pain  
Rotator cuff injuries  
Knee injuries  
Hip injuries  
Temporomandibular joint disorder  
Limited range of motion  
Joint replacements

**Surgery History**

Surgeries in the last 12 months

Surgeries more than 12 months ago

Spinal surgeries

Orthopedic surgeries

Hernia, gallbladder, appendix, reproductive organ, or digestive organ surgeries

Hardware implants (plates, screws, rods, mesh)

**Chronic Medical Conditions**

Diabetes

Arthritis

Fibromyalgia

Autoimmune disorders

Lupus

Thyroid disorders

Kidney disease

Liver disease

Respiratory conditions

**Skin Conditions**

Rashes

Open wounds

Skin infections

Easy bruising

Eczema

Psoriasis

**Lymphatic Conditions**

Lymphedema

Edema

Infections requiring antibiotics (last 6 months)

**Cancer History**

Cancer diagnosis

Remission

Lymph node removal

Radiation

Chemotherapy

**General Safety**

Fever

Recent illness

COVID in the last month

Unexplained pain

Unexplained weight loss

Dizziness

Pregnancy

Blood disorder

Immune suppression

**Medications**

List all medications you are currently taking. Include dose in milligrams, frequency, and reason prescribed.

**Surgery Details**

If you checked any surgery item, list the surgery name, area treated, month and year, and any ongoing limitations or symptoms.

**Additional Medical Information**

Is there anything else medically relevant that Matt needs to know:

## Practice Policies – Initial Each Policy

RMH Massage Therapy

Initial each policy in the box at the right. Your initials indicate you have read and agree to the policy.

### Medical Disclosure

Initials:

I understand that I must inform Matt of all relevant medical conditions, injuries, surgeries, medications, and changes in health status. Withholding medical information increases the risk of injury and may make treatment unsafe.

### Risks of Treatment

Initials:

I understand that soreness may occur for approximately thirty six hours after treatment. If soreness lasts longer than forty eight hours, I must inform Matt. I will communicate any sensation that feels unsafe, intolerable, or significantly different from my typical experience.

### Contraindications and Right to Refuse Treatment

Initials:

I understand that certain medical conditions may require treatment to be modified, postponed, or refused. Matt may refuse or discontinue treatment if it is medically unsafe to continue.

### Tools and Techniques

Initials:

I understand that treatment may include therapeutic techniques and tools within scope of practice. I may decline any tool or technique at any time.

### Arrival Expectations

Initials:

I understand that I am expected to arrive at least five minutes before my scheduled session. If I arrive late, my session will still end at the scheduled time in order to remain fair to the next client.

### Cancellation Policy

Initials:

I understand that I may cancel or reschedule without penalty until 9 PM the evening before my scheduled session. Cancellations after 9 PM are recorded as one cancellation. A no call no show is recorded as two cancellations. After three recorded cancellations in a calendar year, scheduling privileges are suspended unless Matt authorizes an exception.

### Illness Policy

Initials:

I understand that if I am actively sick with fever, vomiting, diarrhea, or symptoms of infection, treatment cannot be performed. I understand that I should be symptom free for forty eight hours before contacting the practice to reschedule.

### Professional Boundaries

Initials:

I understand that this practice provides medically therapeutic massage services only. Professional behavior is required at all times. Any attempt to initiate physical sexual contact or engage in inappropriate physical or verbal behavior results in immediate termination of the session and permanent dismissal from the practice.

## **Consent to Treat – Signature Required**

RMH Massage Therapy

I voluntarily consent to receive medically therapeutic massage services from RMH Massage Therapy. I understand that I may request changes in pressure, positioning, or technique at any time. I understand that treatment may be modified or discontinued if it is medically unsafe to continue.

I have read and agree to the consent to treat statements above.

Client Full Legal Name (typed):

Signature (apply digital signature in your PDF viewer):

Date:

By signing, I confirm that the information provided is accurate to the best of my knowledge and that I have read and initialed each policy listed in this document.