NEW CLIENT HEALTH INFORMATION

MARY E LMT LLC

Patient Information

Name (Last First M.I.): _____ Today's Date_____

Address (Number Street City State Zip):_____

Phone numbers (Home Alternate): _____. Email: _____

Date of Birth: _____. Occupation: _____

Emergency Contact: _____Emergency Phone: _____

Referred by: _____

Symptoms

Please describe your chief health concern(s): _____
_____

Health History

Have you had any recent illnesses, accidents or surgeries? ( )Y ( )N If yes, please explain _____
_____

List All Current Medications, Vitamins, and Supplements -- Include Prescription, Over the Counter & Herbal _____
_____

Please mark the type of pain or discomfort you experience: Shooting, Dull, Stiff, Numb, Throbbing, Tingling, Sharp, Achy

Please mark which, if any, of the below activities are painful.
Sitting, Bending, Standing, Lying Down, Lifting, Walking, Twisting, Running

Do you have problems with any of the following? Please mark "C" for current conditions, and "P" for Past:

( ) Diabetes ( ) Skin Problems ( ) Circulation Problems ( ) Cancer ( ) Chronic Illness ( ) High Blood Pressure ( ) Infection ( ) Headaches
( ) Allergies ( ) Pregnancy ( ) Heart Disease ( ) Arthritis ( ) Seizures ( ) PTSD ( ) Autoimmune Disorders
( ) Other _____

Have you had any recent (in the last 10 days) new symptoms including but not limited to: fatigue, fever, cough, congestion, new skin conditions including bumps, rashes or unexplained redness? Yes No

I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical treatment nor perfom spinal manipulations. I will inform the therapist of my current condition at the time of each visit.

Signature _____ Date: _____

NEW CLIENT INFORMATION

**Please answer the questions below.

How did you learn about us? _____

Have you received massage therapy or bodywork before? ☐ Yes ☐ No

Are you on any medication? ☐ Yes ☐ No If yes, which ones _____

Do you exercise? ☐ Yes ☐ No If yes, how many times per week ? ____ How many hours?

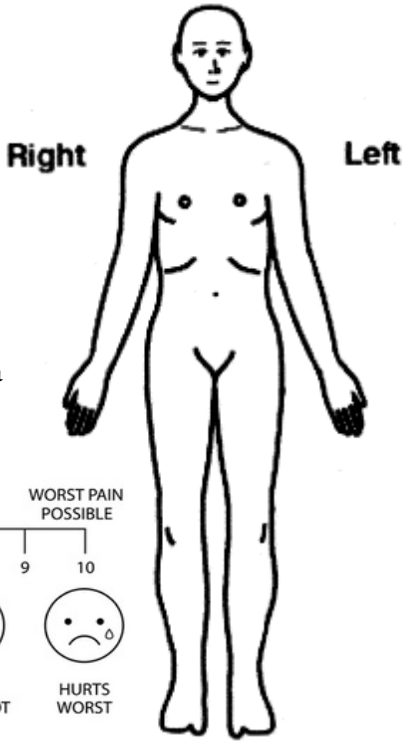
May we include you in our email list for practice updates and free client resources? ☐ Yes ☐ No

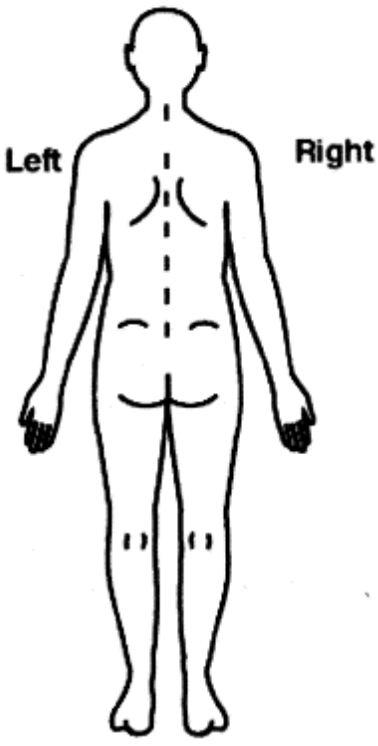
**Please mark the following areas you consent to receive touch:

☐ Head	☐ Back	☐ Feet
☐ Face	☐ Hands	☐ Abdomen
☐ Neck	☐ Legs	☐ Buttocks/Hips

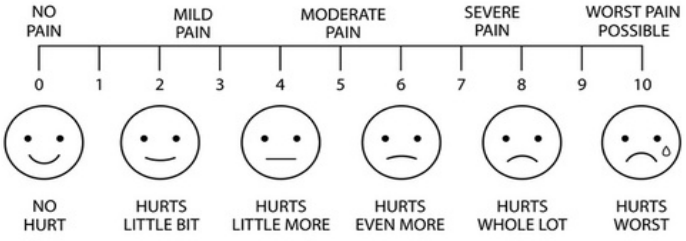
**On the diagram please mark where you are experiencing pain, right now. Use the letters below to indicate the type and location of your sensations:

Key:
A - Aching
P - Pins and Needles
B - Burning
S - Stabbing
N - Numbness
O - Other





**Rate the severity of your pain by marking a number on the scale below:



INSURANCE INFORMATION

MARY E LMT, LLC

Insurance Information

Auto Insurance – fill in part A and C only Health Insurance – fill in part B and C only

PART A

Name of Insurance Co:

Address:

Claim/Policy No.

Name of Insured: _____ Relation to Patient: _____

Attorney (if any):_____ Phone Number: _____

Date of Injury: _____ Phone Number: _____

Contact Person: _____

Referring Physician:_____

Contact:_____

PART B

Name of Insurance Company: ID No.

Part C

Phone Number: _____

Name of Insured: _____ Group No: _____

I authorize the release of medical records necessary to process this claim. I authorize payment by insurance company be made directly to the provider of services.

I understand the fees for services rendered will be directly billed to the above listed insurance company. I understand that I will be billed and held responsible for any fees for any services unpaid or not covered by the insurance company.

Signature: _____Date _____

Cancellation Policy: In order to avoid a 50% charge to your credit card, please provide Mary E LMT LLC at least 24 hour notice when rescheduling or canceling your appointment._____ (initial)

FINANCIAL AGREEMENT

MARY E LMT, LLC

FINANCIAL AGREEMENT

HEALTH INSURANCE /WORKMEN'S COMPENSATION CLAIMS AND MOTOR VEHICLE ACCIDENTS

Welcome to Mary E LMT, LLC In order to familiarize you with the financial policy of this office, please read below how your medical bills will be handled.

EXPLANATION OF INSURANCE COVERAGE

Some insurance policies cover massage, but this office makes no representation that your policy does. Insurance policies can differ greatly in terms of deductible and percentage of coverage for massage care. With the variance from one insurance policy to another, you, the patient, are personally responsible for the payment of your deductibles, as well as unpaid balances in this office. We will do our best to verify your insurance coverage, and will bill your insurance company(ies) in a timely manner. In the case that your insurance denies payment we will notify you via email and we will charge the credit card on file on a date that we have agreed upon after all efforts by our staff and yourself to collect payments have been exhausted.

PAYMENT ARRANGEMENTS

Any unpaid balance will be considered past due after 30 days and may incur a late fee.

ASSIGNMENT OF BENEFITS

Attached is an "Assignment of Benefits" form for you to sign. This form instructs your insurance company to send their payments directly to this office. Please sign all copies of this form. If your insurance carrier sends you payment for services incurred in this office, you shall send or bring the full payment to our office within 30 days upon receipt.

RELEASE OF INFORMATION

If your insurance company requires medical reports to document your treatment and progress, your signature below authorizes the release of medical information necessary to process your claim.

Please ask if you have any questions concerning the financial policies of this office. Once again, we welcome you to Mary E LMT LLC.

I have read and agree to the above and I authorize payment for only the items outlined above via the following credit/debit card:

Credit card number, exp. date, security code:

Card #_____

Expiration date:_____Security code:_____

Your signature:_____

Date signed:_____

Insurance Company:_____

Insurance Company's Fax number:_____

Claim number:_____

Agent's Name:_____

Agent's Phone:_____

Assignment of Benefits: You authorize payment to be paid to the provider shown above for insurance benefits otherwise payable to me. Insurance payments are normally made within 120 days, if we have not received payment within that time frame and all of our combined available efforts to obtain payments have been exhausted you understand that you are financially responsible to the named provider for the charges. I certify that the information furnished in support of this claim is true and correct and I authorize payments to made directly to (Mary E LMT LLC).

Signature:_____

(the insured's or the insured's legal representative) (Required)

Date signed:_____

Mary E LMT LLC
www.massagetherapypdx.com
meverittlmt@gmail.com

MARY E LMT, LLC POLICIES

General Policy:
As a Licensed Massage Therapist (LMT) I follow a Code of Ethics, dictated by the State of Oregon. All information clients provide, both written and verbal, will remain confidential. I treat clients ethically and fairly and establish an atmosphere of trust and respect during each session. I ask the same of my clients in return. I understand and recognize the effects of trauma, and want all my clients to feel physically, psychologically, and emotionally safe. As a LMT my goal is to assist clients in meeting their goals of relaxation, stress reduction, and pain management. The primary modalities (types) of massage I use are Myofascial Release, Craniosacral Therapy, Deep Tissue, Shiatsu, Cupping Therapy, and Gua Sha.

Trauma Aware:
As a Trauma aware therapist, I follow the basic principles of a trauma aware practice: communication, collaboration, and choice. I understand that pain and mental health often overlap. I implement trauma awareness throughout my practice to ensure clients are safe and well cared for. I understand that the definitions of "safe" and "comfortable" are different with
each client, and all clients define what these words mean to them as an individual. I encourage clients to confidentially share as much as they are comfortable with about treatment preferences, what has worked in the past, and identifying areas of their body that are off limits for treatment during the session. I assist my clients in identifying their strengths to further empower self-efficacy and resiliency and build a capacity for self-care.

Scope of Practice:
As a Licensed Massage Therapist, I utilize manual techniques, and potentially other supplemental therapies, with the intention of positively affecting the health and well-being of the client. I do not diagnose or prescribe medications for medical conditions. My services are not intended as an alternative for proper medical attention for specific conditions. Clients are advised to consult a medical doctor of their choice for any specific condition which requires medical treatment. {I have a list of trusted holistic and medical professionals in the area if you would like a referral}.

Medical History:
It is the responsibility of the client to disclose medical history on an intake form at the first appointment to ensure that there are no contraindications (a condition or circumstance that indicates that massage is not safe). Clients are asked to include past surgeries, injuries, trauma, and anything they feel is necessary to note. Clients are asked to share any changes in their health, diagnoses, treatments, illness, or conditions. Clients may be asked to provide written permission from a physician, chiropractor, physical therapist, etc., that massage therapy is safe for you to receive.

Payment: Mary E LMT, LLC accepts cash, credit card, Venmo, PayPal, check, HSA/FSA..
There is a $25.00 fee on returned checks.
To create ease at check out and reduce no shows, payment in full is required to book an initial appointment. Credit cards will not be charged until after the session. Client's credit card information will remain confidentially stored. Prices are subject to change at any time.
Venmo: @maryeverittpdx
Paypal: meverittlmt@gmail.com

Tipping:
Accepting tips: Tipping is appreciated but not expected. When paying with HSA/FSA, cash tips only.

Insurance:
Mary E LMT LLC accepts HSA/FSA cards. It is the responsibility of the client to contact their benefits provider to verify this is an accepted expense, and if a physician's note is required. Mary E LMT LLC does not offer direct billing to *insurance companies, (with the exception of MVA claims)
but are happy to provide an itemized receipt (or Super Bill) for the session that the client can submit to their insurance company for possible reimbursement. The client is responsible for contacting their health insurance provider to verify that Massage Therapy is a covered benefit and for instructions on how to submit the claim. Payment in full is due at the time of service unless billing a MVA claim.

MARY E LMT, LLC POLICIES

General Policies Continued:

Punctuality:
New C**lients are asked to please arrive for their appointments 10 minutes prior to the scheduled starting time. This allows for time to fill out or update intake forms and discuss the treatment plan for the session. In the event a client is running late, the service may be shortened in order to maintain the schedule, and the original treatment time may be charged.**

Cancellations:
Mary E LMT LLC understands and respects the hectic schedules of clients. When given sufficient notice, appointments may be moved, or accommodations may be made. Please understand that operating hours are limited, and I am often booked in advance. There is no charge for cancellations received at least 24 hours in advance. If a clients must cancel with less than 24 hours notice, they may be charged the full amount for the session.
I
llness:
Mary E LMT LLC asks that clients please call if they are feeling ill or have a fever. It is in both of our best interests to reschedule appointments in this case. Likewise, please understand if I ask to reschedule because I'm feeling ill.
With some medical conditions massage/bodywork may not be advised. If a massage could be potentially harmful to a client, Mary E LMT LLC reserves the right to decline to perform the massage.

No Call/No Show:
In the event that a client fails to show up for their appointment without giving notice they will be charged the full amount for the session. The card on file will be charged. I reserve the right to refuse future services after a no call/show. No call/showing 2 times will result in automatic firing of the client and future appointments will not be available.

Inappropriate behavior:
Mary E LMT LLC has a zero-tolerance policy for inappropriate behavior and comments. In the event that a client displays inappropriate behavior and/or assaults the therapist, and/or makes inappropriate comments, the session will end immediately. The client will be charged the full amount of the session and asked to leave. No future appointments will be accepted. I reserve the right to call the police and file a report. For privacy and comfort, draping is required during the entire massage. If a client feels they are subject to inappropriate behavior, or anything that makes them feel unsafe or uncomfortable, please speak up so adjustments can be made. Clients reserve the right to end a session at any time.

Please sign to acknowledge policies.

Signature: _____

Date: _____