



LOTUS PROFESSIONAL COLLEGE

Lotus Professional College

Massage Volunteer Intake Form

CONFIDENTIAL VOLUNTEER HEALTH HISTORY

Today's Date _____

Name _____

Gender _____

Address _____

Date of Birth _____

City _____

State _____ Zip _____

Phone # (primary) _____ (secondary) _____

Occupation _____ Email _____

How did you hear about our school? _____

Emergency Contact Name _____ Phone # _____

Relationship _____ Email _____

MASSAGE EXPERIENCE

Previous Experience with Massage _____

What did you like/dislike about your experience? _____

Areas to avoid _____

Areas of limited movement or sensitivity _____

Preferred level of pressure (please check one) _____ Light _____ Moderate _____ Firm

Do you consent to glute massage over the draped sheet? (please check one) _____ Yes _____ No _____ Initials

Do you consent to abdominal massage when needed? (please check one) _____ Yes _____ No _____ Initials

HEALTH CARE INFORMATION

Are you currently under the care of a physician? _____ Yes _____ No

If yes, what conditions? _____

Are you currently taking any medications or supplements? _____ Yes _____ No

If yes, please list: _____

Have you sustained any serious injuries or had any major surgeries? _____ Yes _____ No

If yes, please list: _____

Have you had lymph node removal or biopsy? _____ Yes _____ No

If yes, please explain: _____

Do you have a port or pump of any kind for medical purposes? _____ Yes _____ No

If yes, please explain: _____

Do you smoke? _____ Yes _____ No Do you exercise? _____ Yes _____ No

Type of Exercise/Frequency: _____

How do you spend your day physically? _____

Do you experience now, or have you been diagnosed with, any of the following conditions or pains? (please check all that apply)

Headaches	Allergies (skin/seasonal)	Arthritis (osteo, rheumatoid)	
Back Pain (chronic/acute)	Hip/Knee Injuries	Joint Replacement	
Edema	High/Low Blood Pressure	Digestive Issues	
TMJ Dysfunction	Asthma	Rotator Cuff Injuries	
Osteoporosis	HIV/AIDS	Epilepsy/Seizures	
Varicose Veins	Carpal Tunnel	Neck/Shoulder Injuries	
Plantar Fasciitis (left/right)	Sciatica	Contagious Disease	
Flu/Cold/Fever	Acne	Menopause	
Diabetes	Warts	Pregnancy	
Fibromyalgia	Depression/Anxiety	Phlebitis	
Heart Disease	Cancer	Kidney Disease	
Ulcerated Colon	Skin Disorders	Other	
Other:			

STUDENT CLINIC SCHEDULING POLICY

I, _____, agree to be a client volunteer and understand that this practice massage session is **free of charge**. I understand there will be a nominal school administration fee. A 24-hour notice is required if I need to cancel or reschedule my appointment. If I do not provide the required notice, I am responsible to pay 50% of the administrative fee prior to scheduling any future appointments. This practice session is intended to be a learning experience for the student. I agree not to hold the student responsible for anything that occurs as a result of this massage session. It is my responsibility to let the student know if the massage techniques being used during the session causes discomfort in any way.

CLIENT CONSENT (please read before initialing each line)

- _____ I understand that this is a student practitioner working on me as a part of their educational/program training.
- _____ I am in good general health. I will inform the school of any health changes as soon as they occur.
- _____ I will wear underwear during the bodywork session. I agree to dress/undress under the sheet on the massage table or in the restroom to remain covered at all times.
- _____ I will not offer the student any form of gratuity.
- _____ I will not attempt to solicit bodywork sessions outside of the school from any student while they are in the massage program.
- _____ I will not make sexually explicit remarks, violent or other inappropriate remarks, gestures, or requests (verbal or non-verbal) to the students, instructors, or other volunteers.
- _____ I understand some of the information obtained from the session may be used for educational purposes in the classroom setting.
- _____ I understand that special request may not be able to be granted.

I understand that if I experience any pain or discomfort during my session(s), I will immediately notify the student in order for the pressure/strokes to be adjusted to my level of comfort. I further understand that massage/bodywork should not be considered a substitute for medical examination, diagnosis, or treatment; I should see a qualified medical professional for any mental or physical ailments that I experience. I understand the students are not qualified to perform spinal or skeletal adjustments, diagnose or treat any physical or mental illness, or to prescribe any medications; nothing said during the session(s) should be interpreted as such. Because massage/bodywork should not be done under certain medical conditions, I affirm that I have stated all of my known medical conditions and have answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the student's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. The treatments I receive here are voluntary and I release the Lotus Professional College, faculty, and students from liability and assume full responsibility thereof.

We appreciate all that the client volunteers do for the school. Our LPC Practicum Clinic would not be possible without your continued patronage.

If volunteer is a minor under 16 years of age, parent or guardian must be present for consultation and massage.

If volunteer is a minor between 16 and 18 years of age, parent or guardian must be present for consultation and is encouraged to stay during the massage.

Volunteer Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

* Required if client is under 18 years of age

Volunteer name _____

DATE: _____ STUDENT: _____ CHANGE IN HEALTH PROFILE? NO _____ YES _____ *Volunteer INITIALS _____

SOAP NOTES _____

DATE: _____ STUDENT: _____ CHANGE IN HEALTH PROFILE? NO _____ YES _____ *Volunteer INITIALS _____

SOAP NOTES _____

DATE: _____ STUDENT: _____ CHANGE IN HEALTH PROFILE? NO _____ YES _____ *Volunteer INITIALS _____

SOAP NOTES _____

DATE: _____ STUDENT: _____ CHANGE IN HEALTH PROFILE? NO _____ YES _____ *Volunteer INITIALS _____

SOAP NOTES _____

DATE: _____ STUDENT: _____ CHANGE IN HEALTH PROFILE? NO _____ YES _____ *Volunteer INITIALS _____

SOAP NOTES _____

I ACKNOWLEDGE THAT I HAVE GIVEN ACCURATE INFORMATION TO THE BEST OF MY ABILITY