



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