



Massage Volunteer Intake Form

VOLUNTEER INFORMATION

NAME: _____ TODAY'S DATE: _____
MALE / FEMALE (circle one)
ADDRESS: _____ BIRTHDATE: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE#(home): _____ PHONE#(work): _____ CELL#: _____
OCCUPATION: _____ E-MAIL ADDRESS: _____
How did you hear about our school? _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME: _____ PHONE #: _____
RELATIONSHIP: _____ E-Mail: _____

HEALTH CARE INFORMATION

PLEASE LIST ANY INJURIES, BROKEN BONES, OR SURGERIES, AND OCCURRENCE DATE: _____

PLEASE CIRCLE ANY OF THE FOLLOWING CONDITIONS YOU ARE EXPERIENCING:

EMOTIONAL CHANGES	HEADACHES	SKIN DISORDERS
HYPOGLYCEMIA	PHLEBITIS	PMS
HEART AILMENT	DIABETES	PREGNANCY
INFECTIOUS CONDITION	SLEEPLESSNESS	FLU/COLD/FEVER
KIDNEY AILMENT	ALLERGIES	HIGH BLOOD PRESSURE
CANCER	MJ SYNDROME	VARICOSE VEINS
CHRONIC/ACUTE PAIN	DIGESTIVE PROBLEMS	ARTHRITIS
NECK/SPINE INJURY	ULCERATED COLON	OSTEOPOROSIS
FIBROMYALGIA	JOINT DISCOMFORT	CARPAL TUNNEL SYNDROME
OTHER: _____		

ARE YOU CURRENTLY UNDER THE CARE OF A HEALTH PROFESSIONAL? _____

IF YES, WHAT IS HIS/HER NAME? _____

PLEASE LIST ANY MEDICATIONS/VITAMINS/HERBAL SUPPLEMENTS: _____

WHAT TYPES OF EXERCISE DO YOU DO AND HOW OFTEN? _____

I understand that if I experience any pain or discomfort during my session(s), I will immediately inform the student in order for the pressure and/or strokes to be adjusted to my level of comfort. I further understand massage/bodywork should not be considered a substitute for medical examination, diagnosis, or treatment; I should see a qualified medical specialist for any mental or physical ailment 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 School of Integrated Professions, faculty and students from liability and assume full responsibility thereof.

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

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 treatment.

SIGNATURE: _____ DATE: _____

*PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

*Required if client under 18 years of age

I, _____, agree to be a client volunteer and understand that this practice bodywork 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 practice bodywork session. It is my responsibility to let the student know if the bodywork techniques being used during the session cause discomfort in any way.

Please read and initial each line:

_____ I am in good general health. I will inform the student/school if my health status has changed.

_____ I will wear underwear during the bodywork session. I agree to dress/undress either 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 still in the massage program.

_____ I will not make any sexually explicit; violent or other inappropriate remarks, gestures or requests (verbal or nonverbal) 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 I may not request to work solely with a particular student unless I am related to the student.

STUDENT CLINIC SCHEDULING POLICY

The instructors at the Lotus School of Integrated Professions work very hard to provide the best classroom and clinic experience for their students. In order for the students to get a well-rounded experience with working with many different clients of all backgrounds and conditions, requests for regular bodywork sessions with a specific student will not be considered. The only exception to this is personal friends and family members of students.

We are sensitive to gender requests by our clinic volunteers. Our instructors will make every effort to accommodate a volunteer who has a gender request (for example, Ms. Smith would prefer to work only with a female student.) Please understand that our ability to honor this request depends upon the ratio of male/female students available for body work and the number of volunteers making this request. If an instructor cannot honor a clinic volunteer's request for a male or female student to work with them, the volunteer will be given the choice to decline the session at no penalty for a missed appointment and reschedule for another day. Any administration fee paid by the volunteer will be refunded for that clinic day.

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

Volunteer Signature _____ Date _____

*PARENT/LEGAL GUARDIAN SIGNATURE _____ Date _____

*Required if client 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 _____

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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

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 _____

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

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