

Performance Bodywork Client Registration

Legal Name: _____ **Date of Birth:** ____ / ____ / ____ **Sex:** Male Female

Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Email Address: _____ Please list to receive appointment reminders

Emergency Contact: _____ **Phone Number:** (____) _____

Relationship to Emergency Contact: _____

Marital Status (for insurance purposes): Single Married

How did you hear about us? Who referred you? _____

Employment Status: Full Time Part Time Student Retired Unemployed

Employer Name: _____ **Job Title:** _____

Work Phone: (____) _____ ext: _____

Insurance Information (if applicable)

Provider: _____ **ID Number** (include any letters): _____

Provider Phone Number: (____) _____

Subscriber Name (if different from patient): _____

Subscriber Date of Birth: ____ / ____ / ____

Relationship to Subscriber: Spouse Child Other _____

What treatments are you receiving and/or interested in?

- Massage Therapy Fascial Stretch Therapy NovoTHOR Normatec

Complete Health Intake on Next Page

Health Intake

Have you ever had a massage/FST before? Yes No When was the last time (approx.)? _____

Were you in a Motor Vehicle Accident? Yes No If so, what State did it occur? OR WA Other _____
Date of auto injury? _____

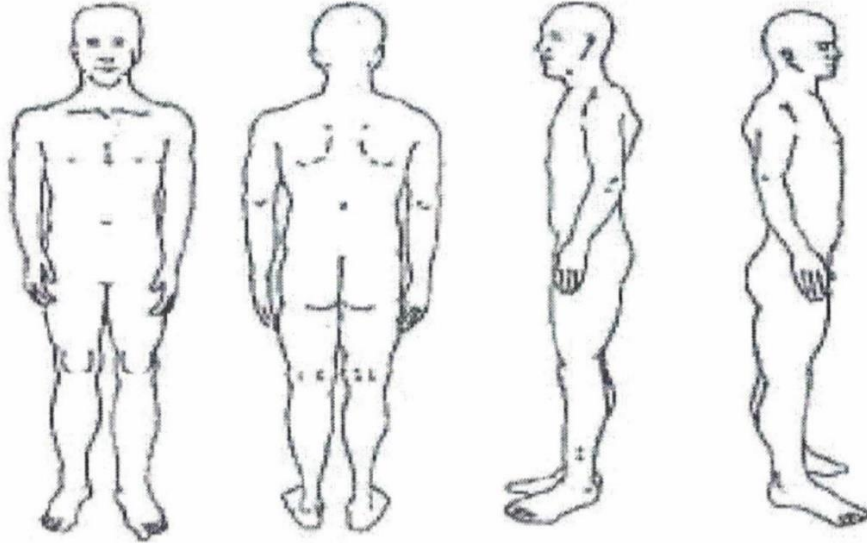
Current Complaint/Goals for visit? _____

Mark any symptoms you are having:

Pain Dull Ache Burning Tingling/Numb Stiffness Sharp/Shooting Pain w/Movement Inflammation

When did the symptoms start (onset of injury/complaint)? _____

Locate on body diagram where you are experiencing these symptoms



Rate the intensity of your symptoms: (circle) 0 1 2 3 4 5 6 7 8 9 10

How often do you experience these symptoms? Constant Frequent/Often Intermittent/Sometimes

Have you received any treatment yet for your current condition? Yes No

If so, by whom? _____

Are you currently taking any medications or substances? (list prescription or over-the-counter) _____

Are you currently pregnant? Yes No NA

Describe your daily activities (work, exercise, computer use, etc) _____

Any allergies to oils, lotions, or ointments? _____

Please list any surgeries, past injuries you've had, including approx. dates: _____

Health History

(check any area you have any concerns, or conditions)

Musculoskeletal Circulatory Respiratory Neurological Reproductive Skin Digestive
Eyes Urinary Psychological Immune System Cardiovascular Diabetes Allergies
Cancer/Tumors Drug/Alcohol Use Other _____

Please explain any of the conditions marked above, or that were not listed: _____

SAFETY INSTRUCTIONS AND CONTRAINDICATIONS

The following waiver, initialed areas and signatures constitute my representation, acknowledgement and agreement

that I, _____, have read, understand, and fully agree to the following:
Print Name

Normatec Pulse Technology Contraindications

Do not use Normatec Pulse Technology if you have or may have any of the following conditions: current or unstable fractures or breaks, recent surgery and have sutures or stiches, open wounds, contusions, or abrasions. If you have any other injury, illness or medical condition, you should consult your physician prior to using Normatec.

Initial

NovoTHOR Contraindications

Do not use NovoTHOR Whole Body Photobiomodulation Pod if you have or may have any of the following conditions: Pregnancy, Epilepsy, known Carcinoma, have any photosensitivity or on any photosensitizing drugs. If you have any other injury, illness or medical condition, you should consult your physician prior to using NovoTHOR.

Initial

WAIVER OF LIABILITY, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT

I, _____, in consideration for using and as a condition of my use of **any** Performance Bodywork LLC equipment, product or service including, but not limited to, Massage Therapy, Fascial Stretch Therapy, NovoTHOR Whole Body Photobiomodulation Pod, Normatec Pulse Technology (compression), (all equipment, products and services referred to collectively as the “Activities”), have voluntarily chosen to participate in such Activities with full knowledge of the risks and hazards described in the safety instructions set forth above and the release set forth below. In consideration of my participation, I acknowledge and agree that the Activities may be strenuous and/or present an inherent risk of personal injury and property damage. I am responsible for consulting with my physician and insuring that I am medically fit prior to participating. I represent and warrant that I am medically fit, have no known or suspected health conditions, including but not limited to preexisting injuries, illness or pregnancy, that prohibit or limit my participation in any Activity in any manner, and am not under the influence of alcohol or drugs. At all times during my participation I will properly utilize all recommended safety equipment and follow all recommended instructions and procedures pertaining to the Activity. While equipment, instructions and procedures may reduce the inherent risk of the Activity, I understand that a substantial risk of personal injury or property damage remain and, therefore, agree as follows:

1. ON BEHALF OF MYSELF, MY SPOUSE, CHILDREN (INCLUDING ANY OF WHICH I AM GUARDIAN), HEIRS, PERSONAL REPRESENTATIVES, EXECUTORS AND ASSIGNS AND ANYONE CLAIMING BY OR THROUGH ME OR ANY OF THE FOREGOING (“RELEASES”), I HEREBY VOLUNTARILY AGREE TO RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND AND INDEMNIFY PERFORMANCE BODYWORK LLC AND THEIR RESPECTIVE PREDECESSORS, SUCCESSORS, AFFILIATES, MEMBERS, OFFICERS, MANAGERS, DIRECTORS, OWNERS, SERVANTS, AGENTS, EMPLOYEES, INSURERS, ATTORNEYS AND VOLUNTEERS (HEREINAFTER REFERRED TO AS “RELEASEES”) FROM ANY AND ALL CLAIMS, DEMANDS, LIABILITIES, LOSSES, INJURIES, PERSONAL INJURIES, PROPERTY DAMAGE, WRONGFUL DEATH, LOSS OF SERVICES, DAMAGES, ACTIONS OR CAUSES OF ACTION, PRESENT OR FUTURE, WHATSOEVER ARISING OUT OF OR CONNECTED WITH THE ACTIVITIES, EQUIPMENT, PRODUCTS OR SERVICES OWNED, OFFERED OR PROVIDED BY PERFORMANCE BODYWORK LLC, AND ANY EQUIPMENT, MACHINERY AND/OR FACILITIES OF ANY OF THE RELEASEES, EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF ANY OF THE RELEASEES. I HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS DOCUMENT (INCLUDING THE WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT SET FORTH ABOVE) AND KNOWINGLY WAIVE ANY RIGHTS AGAINST, AND RELEASE THE RELEASEES FROM, ANY SUCH CLAIMS, DEMANDS, INJURIES, PERSONAL INJURIES, PROPERTY DAMAGE, WRONGFUL DEATH, LOSS OF SERVICES, DAMAGES, ACTIONS AND CAUSES OF ACTION. IT IS MY EXPRESS INTENTION TO EXEMPT AND RELIEVE THE RELEASEES FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH.

Initial

2. I hereby confirm that no warranty or guarantee, or other assurance, has been made to me covering the results of any of the services, products or equipment offered for use by Performance Bodywork LLC or any of the RELEASEES and I hereby relieve them and hold them harmless from all liabilities for injury or damage that may

occur to me. I fully understand the administration of the process, including possible adverse reactions, side effects, or other possible complications. It is understood that this CONSENT is being given in advance of any administration of the process, and is being given by me voluntarily to use the equipment and/or obtain services from Performance Bodywork LLC.

3. I am fully aware of the risks and hazards connected with the use of the equipment and the services, including the risk of physical injury or disability as the result of such injury, and I am voluntarily participating in said equipment usage and the receipt of any services, and entering the above named premises relating thereto. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY THAT MAY BE SUSTAINED, OR ANY LOSS OR DAMAGE TO PROPERTY AS A RESULT OF BEING ENGAGED IN SUCH AN ACTIVITY.**

4. I understand that this document, including the Waiver of Liability and Hold Harmless Agreement, shall be construed in accordance with the laws of the State of Oregon. If any provision of this document is held to be unenforceable, this document shall be considered divisible and such provision shall be deemed inoperative to the extent it is deemed unenforceable, and in all other respects this document shall remain in full force and effect; provided, however, that if any such provision may be made enforceable by limitation thereof, then such provision shall be deemed to be so limited and shall be enforceable to the maximum extent permitted by law.

5. I understand that the RELEASEES will not be responsible for any medical costs associated with any injury.

6. I understand that NovoTHOR Photobiomodulation is provided for the basic purpose of relaxation, stress reduction, and relief. I further understand that NovoTHOR Photobiomodulation should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment.

7. I understand that Performance Bodywork LLC Therapists are not qualified to perform skeletal adjustments, diagnose and/or prescribe, and that nothing said in the course of the session should be construed as such. Because Massage Therapy, Fascial Stretch Therapy, Normatec, and NovoTHOR is contraindicated under certain conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on any RELEASEES' part should I forget to do so.

8. I have read the instructions for proper use of the facilities and equipment and do so at my own risk and hereby release the owners, operators, franchisers, or manufacturers, from any damage or harm that I might incur due to use of the facilities and equipment.

IN SIGNING THIS DOCUMENT, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT, INCLUDING THE WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND FULLY COMPETENT; I HAVE GIVEN UP CONSIDERABLE FUTURE LEGAL RIGHTS; AND I EXECUTE THIS DOCUMENT FREELY, VOLUNTARILY, UNDER NO DURESS OR THREAT OF DURESS, WITHOUT INDUCEMENT, PROMISE OR GUARANTEE BEING COMMUNICATED TO ME. FURTHERMORE, I AGREE THAT I WILL COMPLY WITH ALL INSTRUCTIONS ON THE USE OF PERFORMANCE BODYWORK THERAPIES AND ALL OTHER EQUIPMENT AND THAT I AM USING SUCH EQUIPMENT AND OBTAINING ANY SERVICES AT MY OWN RISK. I AGREE TO USE ALL SESSIONS WITHIN THE TERMS OF THE CONTRACT DATES AND UNDERSTAND THAT REFUNDS ARE NOT GIVEN ON UNUSED PORTIONS OF PURCHASED PACKAGES.

Participant's Printed Name Signature ____ / ____ / ____
Date

Participant's Parent/Guardian Signature ____ / ____ / ____
Date

Massage Therapy, Fascial Stretch Therapy, Normatec and NovoTHOR Session Consent

Massage Therapy is not a substitute for a medical examination or diagnosis. It is recommended that I see a physician for any physical ailment that I have. I understand that the massage therapist does not prescribe medical treatments of pharmaceuticals, and does not perform any spinal adjustments. I am aware if I have any serious medical diagnosis or have recently had surgery, I must provide a physician's written consent prior to services.

The massage therapist will not perform breast massage on female clients without the written consent of the client prior to the massage session.

I understand that NovoTHOR Whole Body Photobiomodulation Pod is a laser and light therapy modality, intended to stimulate healing and relieve pain.

The NovoTHOR session should not be painful and you should feel no significant heat, but you may feel a pleasant warmth.

If uncomfortable for any reason the client or therapist may ask to end the massage or NovoTHOR session, and the session will be ended immediately.

I am aware that massage therapy sessions are done in compliance with the Oregon Board of Massage Therapy. Draping will be necessary. Athletic attire is recommended for Fascial Stretch Therapy sessions in order to obtain full range of motion during the session. Massage and Fascial Stretch Therapy is for therapeutic purposes only. Any inappropriate, or sexual behavior will result in the session being ended immediately, and without refund.

If you are the parent or legal guardian of a child under 18 receiving Massage Therapy, Fascial Stretch Therapy, Normatec or NovoTHOR sessions and waive the option to be present during the session, please initial here. _____

By signing below I fully understand and give my consent for treatment.

Participant's Printed Name Signature Date ____ / ____ / ____

Participant's Parent/Guardian Signature Date ____ / ____ / ____

Financial Agreement

I understand that I am responsible for all charges for all services provided. In the event my insurance denies payment, or makes partial payment, I am responsible for any balance due. I authorize my insurance benefits to be paid directly to Performance Bodywork LLC, and authorize the release of any medical information necessary to process the claims. Advertised "self pay rates" are "relaxation/maintenance" massages offered to clients who do not have an active medically necessary reason for treatment. There is no insurance to bill and no referral from a physician that establishes medical necessity. They are offered to all patients for maintenance care when paid at the time of service and are not billable to insurance. Rates for medically necessary treatment are as follows: Therapeutic Massage - 97124 billed at \$45.00/unit. Manual Therapy - 97140 billed at \$50.00 a unit. I agree to pay full price for any scheduled appointment if I fail to show up for my appointment or cancel/reschedule without giving at least 24 hour notice.

Late Arrival, Cancellation and No Show Policies

Late Arrival:

All clients are asked to arrive at least 5-10 minutes before your scheduled appointment time. Therapist cannot go over the allotted time. Late arrivals may still be seen by therapist, but their treatment time will not go over the original scheduled time.

Cancellation Policy:

All cancellations require 24 hour notice. Any cancellation made less than 24 hours from the session time will be charged the full session rate. An exception will be made if there is a contagious illness, sudden emergency, or inclement weather.

No Show Policy

If a client "NO SHOWS" an appointment the full sessions rate will be charged. An exception will be made if there is a contagious illness, sudden emergency, or inclement weather.

By signing below I fully understand and agree to the Financial Agreement.

Participant's Printed Name	Signature	____ / ____ / ____ Date
----------------------------	-----------	----------------------------

Participant's Parent/Guardian	Signature	____ / ____ / ____ Date
-------------------------------	-----------	----------------------------

Notice of Privacy Practices

In accordance with the Health Information Privacy and Accountability Act (HIPAA), all healthcare providers are required by law to maintain the privacy of your health information, and provide you with a description of their privacy practices. This notice identifies your rights regarding the facilities use of your Protected Health Information. This notice also describes how your health information may be used and disclosed, and how you can get access to this information. Please review it carefully.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatments, a plan for your future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by Performance Bodywork LLC.

Your health information will be used and disclosed to provide treatment and services. The doctor who is involved in your care and who prescribed medical massage will disclose your health information to us, and we will disclose health information about you to that doctor. We will use and disclose health information about the treatment and services you receive from us to insurance companies so we can bill and receive payment. Information about your treatment and services may also be disclosed to your attorney if such attorney is involved in litigation regarding the medical necessity of medical massage and the liability of payment for medical massage.

Although your health record is physical property of Performance Bodywork LLC, you have the right to inspect and, upon written request, obtain a copy of your health information.

If you believe that your health information we have about you is incorrect, or incomplete, you may request in writing that we amend your health information for as long as this office keeps the information.

Our disclosure of your health information is limited to: this office, the physician who prescribed physical medicine, your insurance company, your attorney, and you. If the patient is a minor or has a legal guardian, a parent or guardian is required to read this notice and sign for the patient, and the patient's health information will be disclosed to the parents or guardian.

If you believe your privacy rights have been violated, you may file a written complaint to the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue S.W., Room 509f, HHH Building, Washington D.C. 20201. You will not be penalized for filing a complaint.

By signing this form you hereby acknowledge that Performance Bodywork may release your Protected Health Information to carry out payment and treatment operations.

I have read and understand the Notice of Privacy Practices of Performance Bodywork.

_____	_____	____ / ____ / ____
Participant's Printed Name	Signature	Date

_____	_____	____ / ____ / ____
Participant's Parent/Guardian	Signature	Date