

Fusion Bodywork Client Questionnaire

Personal Information

BASIC INFORMATION

First Name

Last Name

Date of Birth

Gender

Male Female Not Specified

Occupation

CONTACT INFORMATION

Email

Phone (mobile preferred)

Cell

Address

City

State

Zip

EMERGENCY CONTACT INFORMATION

Contact Name

Phone

Relationship

How did you hear about us?

DOCTOR (OPTIONAL)

Physician Name

Phone

Issues to Address Information

Cause of Injury or Concern

How Long Since First Noticed

Describe your treatment goals

Past Treatment

Additional Questions

Have you had to alter your daily activities due to this reason of concern, or any other factors? If so, how and why?

Existing Conditions Information

Respiratory

- | | | | |
|--|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Shortness of Breath | | | |

Cardiovascular

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Cardiovascular Accident | <input type="checkbox"/> Cerebral-vascular Accident | <input type="checkbox"/> Cold Feet |
| <input type="checkbox"/> Cold Hands | <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Lymphedema | <input type="checkbox"/> Myocardial Infarction |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Stroke | <input type="checkbox"/> Thrombosis/Embolism |
| <input type="checkbox"/> Varicose Veins | | | |

Skin

- | | | | |
|---|--|-----------------------------------|--|
| <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Hypersensitive Reaction | <input type="checkbox"/> Melanoma | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Skin Irritations | | | |

Head & Neck

- | | | | |
|---------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Headaches | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Jaw Pain (TMJD) |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Vision Loss | <input type="checkbox"/> Vision Problems |

Infectious Conditions

- | | | | |
|---|--|---------------------------------|------------------------------|
| <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Herpes | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Respiratory Conditions | <input type="checkbox"/> Skin Conditions | | |

Women

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Gynecological Conditions | <input type="checkbox"/> Pregnancy |
|---|------------------------------------|

Soft Tissue / Joint Dysfunction

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Ankles (Left) | <input type="checkbox"/> Ankles (Right) | <input type="checkbox"/> Arms(Left) | <input type="checkbox"/> Arms(Right) |
| <input type="checkbox"/> Feet (Left) | <input type="checkbox"/> Feet (Right) | <input type="checkbox"/> Hands (Left) | <input type="checkbox"/> Hands (Right) |
| <input type="checkbox"/> Hips (Left) | <input type="checkbox"/> Hips (Right) | <input type="checkbox"/> Knees (Left) | <input type="checkbox"/> Knees (Right) |
| <input type="checkbox"/> Legs (Left) | <input type="checkbox"/> Legs (Right) | <input type="checkbox"/> Lower Back (Left) | <input type="checkbox"/> Lower Back (Right) |
| <input type="checkbox"/> Mid Back (Left) | <input type="checkbox"/> Mid Back (Right) | <input type="checkbox"/> Neck (Left) | <input type="checkbox"/> Neck (Right) |
| <input type="checkbox"/> Shoulders (Left) | <input type="checkbox"/> Shoulders (Right) | <input type="checkbox"/> Upper Back (Left) | <input type="checkbox"/> Upper Back (Right) |

Family History

- | | |
|--|---|
| <input type="checkbox"/> Cardiovascular Conditions | <input type="checkbox"/> Respiratory Conditions |
|--|---|

Miscellaneous

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Artificial Joints / Special Equipment | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Digestive Conditions |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Loss of Sensation | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Osteo Arthritis | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Other Diagnosed Diseases |
| <input type="checkbox"/> Other Medical Conditions | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Shingles | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Surgical Pins or Wire | | | |

Allergies and other conditions your provider should be aware of

Neurological

- | | | | |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> Burning | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Herniated Disc | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Parkinsons | <input type="checkbox"/> Stabbing pain | <input type="checkbox"/> Tingling |

Please list any medications or drugs you are currently on

Additional Questions

Do you experience any pain or heat down one, or both, legs?

Are there any areas of discoloration, or lesioning, on your body?

Are you currently on any anticoagulant, antiplatelet, or other vascular drug?

Do you experience any issues of Cardiopulmonary distress not mentioned above, including chest pain, cramping, edema, etc.?

Have you noticed any Symptoms of Rhabdomyolysis (a rare muscle injury where the muscles break down), including several focal pain or changes in your urine?

Can you exercise to get your heart rate and respiratory rate up without any problem?

Describe the activities of your daily living (your job, hobbies, self-care, animal-care, home-care, etc).

Have you been diagnosed with, or suspect that you had, COVID-19 in your past? If yes, when? How long were you ill? Have you been cleared for communicability? Please elaborate.

If you have had, or suspect that you had, COVID-19, did you experience any petechiae, COVID-toe, microvascular thrombosis, rashes, or issues with any of the following: Lungs, Heart, Liver, Kidneys, GI Tract, CNS (Central Nervous System), or the Endothelium? If yes to any of these, please elaborate below.?

Have you been vaccinated for COVID-19? If so, how many vaccinations have you received? What brand? Approximately when was your last vaccination?

If you have had, or suspect you had, COVID-19, are you struggling with any long term effects that haven't been covered in the above questions? If so, please elaborate.

Are you seeking insurance reimbursement? If so, will it be Auto Collision/PIP, Workers Compensation, or private health insurance? Do you have a physician referral with diagnosis codes?

Client Waiver Form

Please take a moment to read and initial the following information:

◦ **Scope of Practice:**

I understand that massage therapy is provided for relief from muscular tension, decreased pain, increased body awareness, alignment and improvement of circulation and energy flow. I understand that the services offered today are not a substitute for medical care. I understand that Jenn is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness. As such, nothing said in the course of the session should be construed as such.

◦ **Feedback:**

If I experience pain or discomfort during the session, I will immediately inform Jenn so that pressure/strokes can be adjusted to my level of comfort. I understand that sometimes Jenn will perform techniques that don't seem to make sense, given my stated goals. If this occurs, I will ask her to explain. Furthermore, I will not hold Jenn responsible for any pain or discomfort I experience during or after the session.

◦ **Cancellation:**

Amid the ongoing uncertainty of COVID-19, Jenn has modified her cancellation policy to offer greater flexibility to her clients. She hopes this will alleviate any stress and hesitation you have about an upcoming appointment. If you need to reschedule due to illness, Jenn understands and requests for you to please contact her soon as possible to reschedule. To further support you, there will be no penalties for cancellations due to illness. There will be a 50% refund for cancellations not due to illness, that occur in under 24 hours from your scheduled appointment time. There is a 100% refund on cancellations greater than 24 hours from your scheduled appointment time. No-shows shall be a 100% non-refundable fee.

◦ **Late Arrival:**

If I arrive late, that time is deducted from my appointment and I will still be liable for the full price of my treatment.

◦ **Intoxicants:**

I will not arrive for my therapy treatment intoxicated. Because of the circulatory effects of bodywork, intoxicants can have a heightened effect which can be dangerous. In addition, it is important that I am able to feel what is happening during a bodywork session. Without proper feedback it is possible that I could receive too much pressure or range of motion during a session and be injured. Intoxicants also create an added stress on the liver and kidneys; so does massage as it increases cellular waste removal, combining the two can be severely dangerous. If I arrive intoxicated or it becomes apparent during the session that I'm intoxicated, Jenn will terminate the session and I will be held liable for the full session price.

◦ **Hygiene:**

I understand there are several health reasons for the need of good hygiene. The first involves limiting the spread of illness and disease, both from one person to another and also from one area to another. The second is that there are a lot of secretions and excretions that my body will do during massage, and that it is extremely unhealthy to mix these with dirt, debris, and whatever other foreign matter may be on my skin, rubbing the mixture back into the pores and cells of my body.

◦ **Illness:**

I agree to notify Jenn immediately of any communicable illness I might have, so that precautions can be taken to prevent its spread. If I have any signs of illness, disease, infection, a cold, or the flu I will call and reschedule.

◦ **Medical Conditions:**

I affirm that I have notified Jenn of all known medical conditions and injuries. I agree to inform her of any changes in my health and medical condition. I understand that there shall be no liability on Jenn's part should I forget to do so, or should there be medical ramifications due to situation that I am unaware of.

◦ **Homework:**

I understand that part of correcting dysfunctions within the human structure, involves not only massage, but several other techniques. Unfortunately, just coming to regular sessions with Jenn is most likely not going to fix the problem in its entirety. Because of this, she will be assigning me "homework". This can be anything from stretches and re-patterning exercises, to at home hydrotherapy or relaxation techniques. It is very important that I follow through with all homework assignments given, as this will speed up the healing process and/or the correction of dysfunctions in my body.

◦ **Cupping:**

I understand that I may also be receiving cupping as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care. I understand the risks of vascular issues, lymphatic issues and muscle soreness that may occur directly or indirectly from cupping treatment. I release Jennifer Jackson and Fusion Bodywork of any and all liability for any harm that may occur during my treatment(s). I hereby give my full consent to receive cupping therapy and I take full responsibility of any side effects or harm that may come from my receiving cupping therapy.

◦ **Early Session Termination Request:**

If I want to end my session early, for any reason, I will let Jenn know.

◦ **Inappropriate Behavior:**

I understand that massage is entirely therapeutic and non-sexual in nature, and as such, I understand that sexual innuendos, language and inappropriate behavior will not be tolerated. If any of these behaviors are demonstrated, the session will end immediately, and I will be liable for the full price of my session.

◦ **Right of Refusal:**

I understand that Jenn reserves the right to refuse to perform bodywork on anyone she deems.

◦ **Confidentiality Statement (HIPAA Disclosure):**

Your sessions are confidential. Exceptions to client confidentiality are when Jenn is required by law/subpoena or in her own legal or

professional defense to reveal information, or if you or someone else is in imminent danger. Other exceptions are with various practitioners that Jenn may co-collaborate with in your care or with your explicit written consent.

o **COVID-19 (Coronavirus) Session Precautions:**

As part of efforts to control the spread of COVID-19, I understand that I will be REQUIRED to wear a mask to all sessions, Jenn reserves the right to refuse service to anyone who refuses to wear a mask for any reason. Once I arrive, I will text Jenn when I am in the parking lot and wait for her to tell me to enter. Once I am in the studio, I understand that prior to every hands-on session, I will be required to complete and sign a COVID-19 Release and Temperature Form as well as have my temperature taken with a touchless thermometer. I understand that if my temperature exceeds 100 degrees, that services cannot be rendered. I also understand that this is an airborne virus and as such I will limit conversation to relaying pertinent facts related to my therapy, limiting "table talk". I agree to release Jennifer Jackson and Fusion Bodywork from all liability for the unintentional exposure or harm due to COVID-19, including any issue with vascular clotting.

o **COVID-19 (Coronavirus) Last Minute Cancellation by Provider Policy:**

I understand that Jenn will be monitoring several infection rate statistics daily, and if it appears they are on a significant rise, she will be cancelling sessions last minute and will reschedule as soon as she deems possible. Any monies paid for those sessions will then show as a credit on the account to be used for rescheduling in the future, not a refund.

o **COVID-19 (Coronavirus) Waiver:**

Due to the COVID-19 pandemic, Fusion Bodywork has instituted several precautionary measures to reduce the risk of the disease's spread and is following the regulations and guidelines set forth by Salt Lake County Health Department. However, due to the highly contagious nature of the novel coronavirus (the virus which causes COVID-19), Jennifer Jackson and Fusion Bodywork cannot guarantee prevention of exposure to, or contraction of, COVID-19 while receiving services or using this facility, even with social distancing and other preventative measures in place. COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. Preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because this work involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. Because it is impossible to completely prevent the presence of COVID-19, by entering the premises of and using the services of this facility, you understand that may be exposing yourself to or increasing your risk of contracting or spreading the disease.

Assumption of Risk: I have read and understood the above warning concerning COVID-19. I understand that I am the decision maker for my health care. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to enter Fusion Bodywork's premises and utilize Jenn's services. These services are of such value to me and/or my children that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Fusion Bodywork's premises and services in person.

COVID-19 Waiver of Lawsuit/Liability: I hereby forever release and waive my right to bring suit against Fusion Bodywork or Jennifer Jackson in connection with exposure to, infection, and/or spread of COVID-19 related to utilizing Fusion Bodywork's premises and services. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property loss, or any other loss, including but not limited to claims of negligence and I give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to Fusion Bodywork and Jennifer Jackson to proceed with providing care.

o **General Waiver of Lawsuit/Liability:** I hereby forever release and waive my right to bring suit against Fusion Bodywork or Jennifer Jackson in relation to utilizing Fusion Bodywork premises and services. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property loss, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

o **Choice of Law:**

I understand and agree that the law of the State of Utah will apply to this contract

o **Minors:**

I understand that all persons under the age of 18 are required to have a parent or guardian fill out this form. If the client is under the age of 18, by signing below, you agree that you are the parent or legal guardian of the minor receiving treatment(s) at Fusion Bodywork. You understand that you are required to remain at the facility for the entirety of the minor's treatment(s). You will also be required, if needed, to assist the minor in preparing for his/her treatment(s). Jenn may also request that you remain in the treatment room to supervise all interactions between herself and the minor. You also agree that you have informed Jenn of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s).

I have carefully read this entire document. I fully understand, and agree, to all provisions of this release. By signing this release, I hereby knowingly assume the risk and waive my rights concerning liability as described above, releasing Fusion Bodywork and Jennifer Jackson from any and all liability, past, present, and future, relating to any of the provisions above. I acknowledge that I am aware of the risks involved and give my informed consent to receive massage and bodywork from Jennifer Jackson. I confirm all of my questions were answered to my satisfaction.

I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM JENNIFER JACKSON FOR MY PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S) FOR WHICH I SEEK CARE FROM FUSION BODYWORK.

I have read the statement above and agree to all the policies

Client Signature*

Date*