



Student Massage Clinic
Center for Natural Wellness

CNW STUDENT CLINIC CONFIDENTIAL CLIENT INTAKE FORM

Name: _____ Date: ____/____/____
 Address: _____
 City/State/Zip: _____ Occupation: _____
 Phone (Home): _____ Phone (Cell): _____ Phone (Work) _____
 Birthdate: ____/____/____ Height: _____ Weight: _____ Gender: _____
 EmailAddress: _____
 Emergency Contact: _____ Phone: _____
 Statement of Intoxicants: Please indicate by initialing below if you have consumed any intoxicating substance or non-prescribed drug prior to arriving for your bodywork session. Yes ____ No ____ If yes, please indicate substance consumed: _____

Have you ever received a professional massage? Yes No If Yes, Frequency/Type: _____
 Date of last massage: _____ What results do you want from your massage? _____

Are you currently seeing a medical practitioner? Please explain if yes Yes No _____

List current medications, including aspirin, ibuprofen, herbs, supplements, etc. _____

List stress reduction and exercise activities (include frequency) _____

MEDICAL HISTORY (Include year and treatment received)

Allergies: _____

Surgeries: _____

Accidents/Injuries/Illnesses: _____

Are you wearing contacts? ____ Dentures? ____ Transdermal patches (nicotine) ____ IV Port? ____

Having a complete medical history is important for our assessment process and in the determination of your customized massage plan. In each of the following sections please mark the "past" and/or "current" box next to any of the items that apply to your health history.

MUSCULOSKELETAL

Past Current

- ____ bone or joint disease
- ____ tendonitis
- ____ bursitis
- ____ broken/fractured bones
- ____ arthritis
- ____ sprains/strains
- ____ scoliosis
- ____ disc disease/ herniated disc
- ____ other (please explain): _____

Past Current

- ____ low back, hip pain
- ____ neck, shoulder, arm pain
- ____ headaches
- ____ spasms/cramps
- ____ jaw pain
- ____ lupus
- ____ wrist/hand pain
- ____ leg/foot pain



CIRCULATORY

Past Current

heart/vessel conditions
 varicose veins
 high blood pressure
 low blood pressure
 blood clots
 lymphedema
 other: _____

URINARY

Past Current

cystitis
 kidney disease
 urinary tract infections
 other: _____

NERVOUS SYSTEM

Past Current

numbness/tingling
 chronic pain
 herpes/shingles
 fatigue
 sleep disorders
 other: _____

DIGESTIVE

Past Current

chronic/problematic constipation
 crohn's disease
 diverticulitis
 irritable bowel syndrome/colitis
 reflux
 other: _____

RESPIRATORY

Past Current

breathing difficulty
 sinus problems
 allergies
 other: _____

REPRODUCTIVE

Past Current

pregnancy, # wks _____
 endometriosis
 severe bloating/cramps
 menopausal symptoms
 painful/irregular/absent periods
 other: _____

SKIN

Past Current

rashes/eczema/psoriasis
 athlete's foot
 warts
 allergies
 other: _____

OTHER

Past Current

headaches/migraines
 cancer/tumors
 thyroid issues
 diabetes
 eating disorders
 depression/anxiety
 drug/alcohol/nicotine addiction
 hearing loss
 other: _____

It is my choice to receive massage therapy. I understand that this massage is for educational purposes, not a professional massage and, as such, services are limited to the skill and knowledge of the student practitioners. I agree to provide written feedback using the form provided, to assist the student practitioners with improving their skills and presentation. I realize that the massage is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I understand that practitioners do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service. I have stated all medical conditions that I am aware of and will update the student practitioner of any changes in my health status. I agree to communicate with my practitioner any time I feel my well being is being compromised. The students, school and clinic reserve the right to refuse service for reasons of safety, and in the event of a client's needs exceeding the student's knowledge, skills and abilities.

Student Therapists must practice a variety of bodywork techniques which may include, light touch and/or deep work as appropriate. CNWSMT clients agree to allow students to use any non-contraindicated techniques the student chooses.

SIGNATURE _____

DATE _____



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CNW Student Clinic Policies

Your Session: Clients are asked to arrive 15 minutes prior to their appointment time to make sure all necessary paperwork is completed. **Student therapists are required to review each client's health history, determine a focus area with the client and perform as complete assessment prior to beginning the bodywork.** The actual massage will be 50-60 minutes. *We ask that our clients not wear anything with a strong scent and to have bathed the day of your appointment. Do not arrive under the influence of alcohol or recreational drugs.* Student therapists are randomly assigned within male/female preferences. While we will try to honor a request to work with a particular student after they have completed 24 sessions, we cannot guarantee this. **As this is a teaching clinic, your therapist may be practicing a variety of bodywork techniques during your session.** We appreciate your participation. The Clinic Supervisor may discreetly enter your private booth during the session to check the student's paperwork and body mechanics. After the massage, the student will perform a reassessment and ask you for brief, written feedback. We appreciate client feedback for our students and believe bodywork provides many health benefits, both subtle and obvious. We do not refund session payment due to a client feeling the bodywork was not effective.

Contraindication Conditions: There are some medical conditions for which bodywork techniques should be modified, or are not appropriate. In some cases we may not be able to treat you in the student clinic without a release from your primary health care provider. Our students also work within the guidelines of universal precautions for all sessions.

Cancellations: We require 24-hour notice for canceling an appointment and charge (\$40) for a missed session. Future appointments cannot be scheduled until all financial obligations have been met. In the case of an emergency this fee may be waived.

Late Arrival: We will hold your appointment for 15 minutes. After that time the appointment has been forfeited. If you are running late and let us know with a phone call you may begin your session but the massage will be shortened by the amount of time you are late. Payment for a full session is expected.

Inclement Weather: In case of inclement weather our clinic appointments may be cancelled. Please call 518-489-4068 prior to coming to your appointment to ensure its availability.

Tiping: CNWSMT prohibits students from receiving tips or gifts. We feel that when the energy of making money is attached to the session it detracts from the student's learning process. All tips are donated to a charitable organization. If you wish to leave a tip, you may do so at the reception desk.

USE OF ALCOHOL and/or RECREATIONAL DRUGS (please initial below):

_____ 1. Use of alcohol and/or marijuana prior to receiving massage in our student clinic is prohibited.

_____ 2. We reserve the right to cancel or to stop a session if alcohol or recreational drug use is suspected and/or evident.

(Your initials above indicate you are aware and are in 100% compliance with the specific policies stated.)



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SOCIAL MEDIA:

_____ **1. The CNW clinic respectfully requests that our student therapists name not be disclosed in review/feedback on public forums/media.**

- CNW respectfully encourages clients to report any issues to clinic supervisors/staff so any weakness in skill can be addressed and consideration given to the client.
- The goal of the student clinic is to provide a safe learning environment for our students.
- The student-client relationship must be professional at all times.
- Students interacting with clients in any way other than professional will be disciplined.
- Clients interacting with student therapists in any way other than professional will be asked to leave and not return as clients.

FERPA (Family Educational Rights Protection Act):

_____ **1. The CNW School of Massage is NOT mandating our students to be vaccinated, though some students and employees may be. CNW School of Massage requests that clinic clients DO NOT ask students/employees to discuss any health related information including vaccination status.**

By signing below I acknowledge that I have read, understand and agree to ALL CNW clinic policies.

Client Signature: _____ **Date:** _____



Student Massage Clinic Center for Natural Wellness

Notice to Clients: Student Clinic Privacy Practices

CNWSMT is dedicated to excellence and integrity in education for the massage and body work profession. Our students are learning professional health care practices and are therefore expected to develop appropriate skills for maintaining client confidentiality. Our confidentiality and privacy practices are as follow:

Client Rights

Clients may request, in writing, to see or obtain a copy of their records. The client may request that corrections be made if they identify errors or mistakes. Access to records will be made during regular business hours within 30 days of receipt of written request and a fee may be charged for copying and sending requested records. Requested records are sent standard US Mail unless the client requests they be sent via express mail (at client's expense).

Use of Records

Student clinic client records are maintained in a locked file in a secured supervisor's office when not in use. No records or information are released without the written authorization of the client unless compelled by law.

Student practitioners use client records when providing massage services to individual clients. Client records are discussed and reviewed by the Center for Natural Wellness School of Massage Therapy staff in performing their supervisory and instructional duties. Client case information may be used in the follow-up discussion for educational purposes without identifying the client to maintain confidentiality.

Disclosure of Records

The Center for Natural Wellness School of Massage Therapy staff is provided access to client records in order to complete their supervisory and educational responsibilities relating to client care and record keeping practices.

At no time are client records and information released to anyone outside of the school without written request and release from the client unless compelled by law (such as subpoenas).

At no time are client records sent electronically (e-mail or fax) to anyone unless compelled by law.

Privacy Officer Contact Information

Lisa Kay, Student Clinic Director, 3 Cerone Commercial Dr. Albany, NY 12205, (518) 489-4068

I agree to allow CNWSMT to give my name, address and phone number(s) to my student therapist(s) upon graduation.

Initials: _____

I (please print) _____ have received, read and understand this privacy policy as it relates to receiving massage in the CNWSMT Student Clinic. I understand the massage I am receiving is intended to support the students learning and practice.

Signed _____ Date _____

(Turn over )

Center for Natural Wellness: School of Massage Therapy, 3 Cerone Commercial Drive, Albany, NY, 12205, (518) 489-4068

Your future is in your hands | School of Massage Therapy | Student Massage Clinic | Professional Continuing Education



Student Massage Clinic Center for Natural Wellness

Student Clinic Release/Agreement Not To Sue

PURPOSE AND LIMITATIONS OF BODYWORK: I, _____, (NAME) understand that professional bodywork is for the purpose of stress reduction, relief from muscular tension, general relaxation, improvement of joint mobility and improvement of circulation. I understand that the student therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the therapist does not prescribe medical treatment or pharmaceuticals, nor does the student perform any spinal manipulations. I understand that bodywork is not a substitute for medical treatment, and that it is recommended I see a physician for any physical ailment I might have. I have stated all my known medical conditions and take it upon myself to keep the student therapist updated on my physical health.

STUDENT CLINIC: The student clinic is operated by and under the supervision of the Center for Natural Wellness School of Massage Therapy (CNWSMT). Bodywork you receive at the student clinic will be performed by students who have not completed the requirements for graduation from CNWSMT and who are not acknowledged by the American Massage Therapy Association (AMTA) as bodyworkers. The students are practicing and experimenting with various methods of bodywork on persons who choose bodywork at the Student Clinic. In light of the students need for practical experience, but recognizing the students lack of expertise, the cost of bodywork to persons choosing the Student Clinic is substantially below that charged by most certified professional bodywork therapists.

LIABILITY:

1. I clearly understand that by choosing to utilize the students available through the Student Clinic, operated and supervised by CNWSMT, I will be receiving sessions from students who are practicing and experimenting with various forms of bodywork.
2. I recognize that, although the instructors and the staff of CNWSMT supervise the various student therapists at the Student Clinic, it is impossible to monitor the entire portion of every bodywork session given at the Student Clinic.
3. In light of the need for students to obtain practical experience and in consideration of the substantially reduced cost for obtaining bodywork from inexperienced student bodyworkers, I knowingly consent to and assume the risk of mistakes in judgment and technique by student bodyworkers from CNWSMT, even where such mistakes amount to negligence.
4. In recognition of the fact that CNWSMT is unable to supervise the entire portion of every session given at the Student Clinic, I knowingly consent to and assume the risk of injury in any way related to any such lack of supervision, even where such lack of supervision is negligent.
5. I agree to release, save, hold harmless and indemnify my student therapist and CNWSMT, its officers, directors, agents, employees and students from and against any future claims, demands or legal actions arising out of any session I receive at or through CNWSMT.
6. I specifically understand that I am agreeing not to make any future claims or demands on and further, not to sue or take any legal actions against my student bodyworker nor against CNWSMT, its officers, directors, instructors, staff, agents, employees, and students for negligence, strict liability, malpractice, breach of contract or for any other legal cause of actions which may arise from any student session I receive through CNWSMT.

By signing this document I am stating the following: (1) I am able to read, understand and comprehend the English language, (2) I have been carefully read the provisions contained in this document, (3) I understand, comprehend and agree to the provisions contained in this document.

Client's Full Name _____ Client's Signature _____ Date _____
 Parent or _____
 Guardian's Full Name _____ Guardian's Signature _____ Date _____

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