~ Divine Lasting Care ~ by Danielle L Carr, LMT ~

Client Information

Date Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_Cell (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St.\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In Case of Emergency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hobby: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of regular weekly exercise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chiropractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.**

Previous experience with massage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Knowledge of essential oils: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you sensitive to scented oils? Y / N

Any known allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Some medications are contraindications for massage in conjunction with essential oils or massage modalities. Please list current medicationsincluding aspirin, ibuprofen, herbs, supplements, etc, as well as any intoxicating substances:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Serious injuries or surgeries? Please include dates:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mention all physical conditions that apply now.**

|  |  |  |
| --- | --- | --- |
| \_\_ headaches | \_\_ tight jaw | \_\_ leg pain |
| \_\_ grind/clench teeth | \_\_ upper back pain | \_\_ foot pain |
| \_\_ neck pain | \_\_ lower backaches | **\_\_ Pregnancy /\_\_\_\_\_\_month\*\*** |

Current conditions that exist or are causing pain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe why you came in for body work/massage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate **desired** modalities:

\*Full Body: deep tissue medium pressure light pressure

\*Neuromuscular/Trigger Point Therapy: Specific Target Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Raindrop Therapy: I have received my copy of Raindrop intake and understand the process:\_\_\_\_\_\_\_\_\_\_(initial)

\*Manual Lymphatic Drainage: I have received my copy of Lymphatic Drainage intake form \_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial)

\*Reflexology: I have received my copy of Reflexology chart and intake form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial)

\*\*Prenatal: I have received my copy of Prenatal intake \_\_\_\_\_\_\_\_\_\_\_\_\_ (initial)

\*Raphah Pallel: I have received my copy of Raphah Pallel intake \_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial) **(OVER)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(print name)* **understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension.**

\* I will communicate my response to the massage on a 1-10 pain scale for my comfort and safety. Pain or discomfort has no place in a therapeutic massage.

**\*I am aware that I have the right to end the session at any point for any reason.**

\*Draping will be used during the entire session.

**\*I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist such as a physician, or chiropractor for any mental or physical ailment that I am aware of.**

\*I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such.

**\*Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. Since massage should not be received while under the influence of alcohol or other intoxicating drugs, I affirm that I am aware of the adverse reactions that could occur during a massage and take any and all responsibility if I have withheld this information from my therapist.**

\*I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist’s part should I fail to do so.

\*Information will be kept confidential and only shared with other medical professionals with client’s consent or in the case of a medical emergency.

**Cancellation policy**: I will provide 24 hours notice in the event that I cannot make my scheduled appointment. I understand that I will be charged the full amount for my session if I do not show up for my scheduled appointment, or if I do not notify DLC 24 hours beforehand.

Signature of client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Signature of Massage Therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

**Consent to treatment of Minor** (under the age of 18): By my signature below, I hereby authorize Danielle L. Carr, LMT/Divine Lasting Care to administer massage, bodywork, or somatic therapy techniques to my child or dependent as deemed necessary.

Name(s) of Child(ren):

1.

2.

3.

4.

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Modiality explanation sheet

Full Body Massage: Light pressure i.e Swedish Massage: long strokes without deeper palpation of underlying tissues. Good for circulation and relaxation.

Medium pressure: Swedish and a combination of deeper strokes

Deep pressure i.e Deep Tissue: very little lotion, specific slow and very deep pressure. A 1-10 pain scale is relied upon for proper technique. Allows the tissues to relax on their own. Will be incorporated with medium pressure strokes, as a full body deep tissue session is not recommended.

Neuromuscular/Trigger Point:  use of static pressure on specific myofascial points to relieve pain. This technique manipulates the soft tissue of the body (muscles, tendons and connective tissue) to balance the central nervous system.

Raindrop Therapy: A blend of oils and massage strokes. 9 Essential oils are applied to the feet and spine. Session can be personalized depending on current issues or preferences. Session lasts an hour to 90 minutes and needs to be scheduled ahead of time to ensure oils are available for the session.

Manual Lymphatic Drainage: (MLD) is a type of gentle massage which is intended to encourage the natural **drainage** of the **lymph**, which carries waste products away from the tissues back toward the heart.

Reflexology: a system of massage used to relieve tension and treat illness, based on the theory that there are reflex points on the feet, hands, and head linked to every part of the body.

Prenatal: Massage offered during pregnancy. DLC took prenatal classes and has had 6 of her own babies under the care of midwives who offered her prenatal massage. DLC also took infant massage classes.

RAPHAH PALLEL: “God’s Healing Prayer” will be incorporated during nearly every massage, but can also be a stand alone technique. Inspired by Trauma Touch Therapy ®, DLC developed this modality to bring the healing of the Lord Jesus Christ into every massage session. By itself, the client is encouraged to be still and allow the body, mind, and spirit to come into the healing presence of the Lord Jesus for ministry and healing. Essential oils and prayer are used.