



**Gonino Center for Healing
Therapeutic Massage**
6720 Horizon Road, Heath, TX 75032
Phone: 469-402-2800 Fax: 469-402-0348

Personal Information

Today's Date: ____/____/____

Patient Name (print): _____ **Age:** _____
Address: _____ City: _____ State: _____ Zip: _____
Home#: _____ Cell#: _____ Work: _____
D.O.B: ____/____/____ Referred By: _____
Emergency Contact: _____ Contact#: _____
Relationship: _____
Physician Healthcare Provider Name: _____ Phone: _____

Goals/Outcome

Have you had a professional massage before? Yes No
If yes, how often do you receive massage therapy? _____

What Type of Massage/Bodywork do you prefer? _____
Pressure: Light Medium Firm

Do you have difficulty lying on your front, back or side? Yes No
If yes, please explain _____

Do you have any areas you prefer not to have worked? _____

Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort?
 Yes No If yes, please explain _____

Why have you come for Massage today?

How long have you had this issue? _____

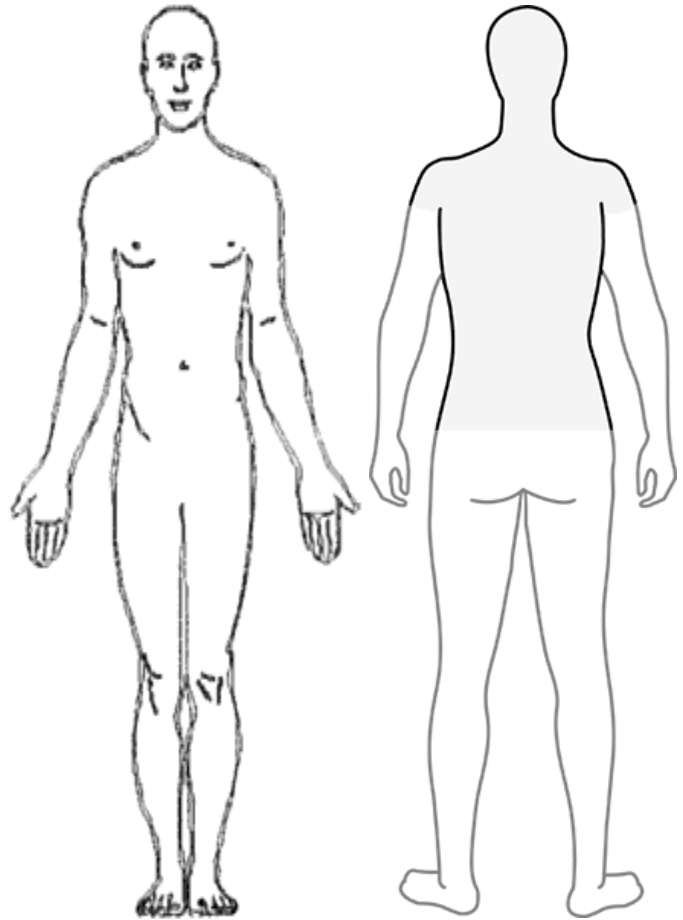
What are your symptoms? _____

What aggravates the condition? _____

Presence of scar tissue can cause limited Range of Motion and decreased flexibility in the muscle so it is very important to make the therapist aware of any accidents you have had (i.e. athletic injuries, car accidents, falls, bumping of head, TMJ, teeth grinding/clinching) you have had.

Please list **ALL** surgeries (even from childhood)?

_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____
_____ Year _____



What are your goals/expected outcomes for receiving massage/bodywork?

Personal Health History

Are you pregnant or Nursing? Yes No If so, how far along are you? _____

Do you have any allergies to oils, lotions, or ointments? Yes No
If yes, please explain

Do you have a PORT? _____ Do you have any Pins or Other Hardware? _____

Have you taken any pain medication prior to this appointment? YES NO
If yes, what? _____

List the medications you currently take: _____

How do you feel today? _____

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)?

Yes No If yes, Explain: _____

Have you had any injuries or surgeries in the past that may influence today's treatment? Yes No

If yes, how far along? _____

Check any of the following health conditions that you currently have (If you are unsure, please ask) Please answer honestly, as massage may not be indicated for the below conditions;

Blood clots **Infections** **Congestive heart failure** **Contagious diseases** **Pitted edema**

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

Current	Past	Muscle or joint pain _____
Current	Past	Muscle or joint stiffness _____
Current	Past	Numbness or tingling _____
Current	Past	Swelling _____
Current	Past	Bruise easily _____
Current	Past	Sensitive to touch/pressure _____
Current	Past	High/Low blood pressure _____
Current	Past	Stroke, heart attack _____
Current	Past	Varicose veins _____
Current	Past	Shortness of breath, asthma _____
Current	Past	Cancer _____
Current	Past	Neurological (e.g. MS, Parkinson's, chronic pain) _____
Current	Past	Epilepsy, seizures _____
Current	Past	Headaches, Migraines _____
Current	Past	Dizziness, ringing in the ears _____
Current	Past	Digestive conditions (e.g. Crohn's, IBS) _____
Current	Past	Gas, bloating, constipation _____
Current	Past	Kidney disease, infection _____
Current	Past	Arthritis (rheumatoid, osteoarthritis) _____
Current	Past	Osteoporosis, degenerative spine/disk _____
Current	Past	Scoliosis _____
Current	Past	Broken bones _____
Current	Past	Allergies _____
Current	Past	Diabetes _____
Current	Past	Endocrine/thyroid conditions _____
Current	Past	Depression, anxiety _____
Current	Past	Memory Loss, confusion, easily overwhelmed _____

Is there anything else about your health that you think would be useful for your massage therapists to know to plan a safe and effective session for you? _____

Draping will be used during the session – only the area being worked on will be uncovered. Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the massage therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage / bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork 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 given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile and understand that there shall be no liability on the massage therapist's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

No Show / Cancellation Policy

I am aware of a policy that went into effect on August 27, 2015 stating that I will be charged if I miss my scheduled Massage appointment. I understand that I must cancel and/or reschedule an appointment by giving a **24 hour advanced notice**. I understand that I will be **charged \$15.00** for missing my Massage appointment. I understand that Gonino Center for Healing will make every attempt to make courtesy reminder calls, however it is ultimately my responsibility for making it to my scheduled appointment(s). By signing below, I agree to the No Show/Cancellation policy.

Patient Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____

Massage Therapist Signature: _____ Date: _____

INFORMED CONSENT TO MASSAGE THERAPY

I understand that the massage therapist is providing massage therapy services within their scope of practice.

I hereby consent for my therapist to treat me with massage therapy for the above noted purposes including such assessments, examinations and techniques, which may be recommended, by my therapist.

_____ (initials) I acknowledge that the therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that massage therapy is not a substitute for a medical examination. It is recommended that I attend my personal physician for any ailments that I may be experiencing. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

_____ (initials) I acknowledge and understand that the therapist must be fully aware of my existing medical conditions. I have completed my medical history form as provided by my therapist and disclosed to the therapist all of those medical conditions affecting me. It is my responsibility to keep the massage therapist updated on my medical history and complete a new history form when so. The information I have provided is true and complete to the best of my knowledge.

_____ (initials) I authorize my therapist to release or obtain information pertaining to my condition(s) and/or treatment to/from my other caregivers or third party payers.

_____ (initials) I have read the above noted consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist from time to time, to deal with my physical condition and for which I have sought treatment. I understand that at any time I may withdraw my consent and treatment will be stopped.

_____ (initials) I have consulted with my therapist or doctor at Gonino Wellness group all side effects of massage therapy. I understand some of the side effects may include temporary pain or discomfort, bruising, swelling, and a sensitivity or allergy to massage oils or lotions being used.

Massage Therapy on Cancer Diagnosis Consent Form

It is the policy of Dr. V John Gonino to have this form signed for all patient(s) currently in cancer treatment or between treatment, and those whose last treatment occurred within the past one year. I have had the opportunity to consult with my Oncologist and Family Physician of the risk. Dr V John Gonino, trained massage therapists, will administer strokes for the purpose of relaxation and comfort. The session will be specially adapted to the needs of the patient. I have had the opportunity to question the contents and my massage therapist on any risk or concerns.

_____ (initials) I have made my therapist fully aware of any past surgery, radiation, IVs, skin conditions, pain, edema or bone involvement. (The therapist will avoid strong pressure on these sites)

_____ (initials) by initialing this section, I fully understand the importance of keeping my massage therapist informed of any discomfort during the massage. I am also aware of any risk of deep vein thrombosis, secondary to malignancy, inactivity or cancer treatment.

Patient Name _____ Signature of Patient/Guardian _____

**"What type of Massage would you like to receive?"
"Let us book accordingly"**

Swedish - This is the most common type of massage therapy in the United States. It is also known as Swedish massage or simply massage therapy. Massage therapists use long smooth strokes, kneading, and circular movements on superficial layers of muscle using massage lotion or oil. Swedish massage therapy can be very gentle and relaxing.

Raindrop Therapy - a method of using Vita Flex, reflexology, massage techniques, etc., and essential oils applied on various locations of the body bringing structural and electrical alignment. It is designed to bring balance to the body with relaxing and mild application. It will help align the energy centers of the body and release them if blocked, without using hard pressure or trying to force the body to change, which should never be done.

Deep Tissue - Deep tissue massage targets the deeper layers of muscle and connective tissue. The massage therapist uses slower strokes or friction techniques across the grain of the muscle. Deep tissue massage is used for chronically tight or painful muscles, repetitive strain, postural problems, or recovery from injury. People often feel sore for one to two days after deep tissue massage.

Pregnancy Massage - Also called prenatal massage, pregnancy massage is becoming increasingly popular with expectant mothers. Massage therapists who are certified in pregnancy massage know the proper way to position and support the woman's body during the massage, and how to modify techniques. Pregnancy massage is used to reduce stress, decrease swelling, relieve aches and pains, and reduce anxiety and depression.

Reflexology - Although reflexology is sometimes called foot massage, it is more than simple foot massage. Reflexology involves applying pressure to certain points on the foot that correspond to organs and systems in the body. Reflexology is very relaxing, especially for people who stand on their feet all day or just have tired, achy feet.

Sports Massage - is specifically designed for people who are involved in physical activity. But you don't have to be a professional athlete to have one-it's also used by people who are active and work out often. The focus isn't on relaxation but on preventing and treating injury and enhancing athletic performance. Combinations of techniques are used. The strokes are generally faster than Swedish massage. Facilitated stretching is a common technique. It helps to loosen muscles and increase flexibility.

**“What type of Massage would you like to receive?”
“Let us book accordingly”**

Back Massage – Some massage clinics and spas offer 30-minute back massages. If a back massage is not expressly advertised, you can also book a 30- or 40-minute massage and ask that the massage therapist to focus on your back.

Lymphatic Drainage - There are several methods to lymphatic massage ultimately promoting and encouraging the flow with rhythmical controlled strokes to find a path for drainage. This technique helps restore the connective tissue, removes inflammatory toxins, and helps the immune system to be more efficient. Lymphatic massage is used to treat arthritis, fatigue, pain in joints, cellulite and more.

Magnesium Oil - Massage stimulates the blood flow to not only the skin, but to the underlying tissues, and of course—enhances the absorption and distribution of the magnesium oil.

Fascia Blasting – Revolutionary soft tissue treatment that allows for quick effective tension release of the fascia (the sheath that is like the saran wrap that encases our muscles tissues and organs). When the fascia is compromised it is like wrinkled saran wrap that doesn't allow oxygen to reach the cells. With less oxygen this in turn makes the lymph system unable to move out toxins, creating a very acidic environment. Pain is caused by lack of oxygen to the cells. Less oxygen, the more acid the body becomes, creating tighter fascia. Fascia should be stretched, broken up, and massaged to remove old and stuck acid and toxins.

Dry Brushing - One third of your body's toxins are excreted through the skin and dry brushing helps to unclog pores and excrete toxins that become trapped in the skin

Cold Stone Therapy – Special \$45.00 original price \$65.00 Migraine Miracle treatment is a revolutionary, natural and holistic method to manage migraine and headache pain of all kinds. This proprietary treatment can eliminate or dramatically reduce most headache symptoms. The synergy of cold stone therapy and aromatherapy helps decrease pain and blood vessel swelling, and increases muscle tone. It also promotes well-being, balance and harmony within the body.