



Natures Gateways

What to Expect in Your Session & Our Policies



When to reschedule your appointment

You will want to reschedule your appointment when any of the following are present: Fever, open wounds, impetigo, open sores, cellulites, lice, fungal infections. If you are just beginning to get sick, massage will advance an illness because it causes a circulation in your body. On the up side, if you are in the middle or end of a illness such as a cold, massage will help it circulate faster and be done.

How to prepare for your massage session

- Drink water throughout the day. Shower the day of your appointment. Don't eat a large meal close to the time of your massage.
- Give yourself enough time to get to your appointment.
- **New clients please come with your paperwork completed and 5-10 minutes early to review it.**

What to expect in your massage session

Most everyone that comes for a massage, unless you get them regularly, has stiff and bound up tissue and you may experience some soreness during and after the first few massages. I will only work as deep as you are comfortable, so please let me know if at any time the movements and pressure are too much. We can work aggressively to get the tissue released, or more slowly and comfortably, it is up to you and your pain threshold and preference. Some people come for relaxation only and do not want deeper massage, which is beneficial also. Some, *not all*, people experience tenderness or soreness for 2-3 days after a massage, this is normal. Some people bruise easily and may bruise from massage. Everyone's tissue and tolerances are different, so it is important that you tell me what your body is experiencing. I can feel where you are 'tight' and areas that need to be worked on, but it is up to you to tell me if the pressure and movement is too uncomfortable. My goal is to 're-educate the muscle'. Muscle has memory and will respond quickly once your body is used to receiving massage and even deep pressure will feel relaxing!

Do not be discouraged if you leave a massage and are still in discomfort, sometimes it takes a couple days to see improvement, although by far most clients do find relief, especially with the use of essential oils unless there is an underlying issue. If you are new to massage, keep in mind that it may take 3-6 massages to release some chronic pain, every body is different and unique. Chronic issues didn't happen overnight and may not be completely solved in 1 or 2 sessions, although improvement will be seen and sometimes very significant improvement initially.

After your session

- It is normal to feel a little sore, deeply relaxed, and even light headed after a massage.
- **DRINK WATER! This is important** in flushing out some of the toxins that massage will stir up; you will feel better and ***IT DOES HELP!!!***
- Take a soothing bath with Epsom salts, it not only will feel good, it will also help your body relax and detox. (1-2 cups works great).
- If you enjoyed your massage, please share that with a friend — referrals are my highest compliment.
- You may also "like" us on facebook under "Natures Gateways", we sometimes do drawings and offer specials for clients.

*****Late Appointments & Cancellation Policy*****

My schedule fills up quickly and I often have a waiting list. I dedicate a certain amount of time for each massage. If you are late for an appointment, your session will be shortened by the amount of time you were late. I often have back-to-back appointments and cannot make up the time. Please call or text if you are running late. I require a 24-hour notice (48-hr preferably), to cancel or reschedule appointments without a fee. I understand emergencies happen, but short notice does not allow for me to fill the position. If you cancel 3 appointments with less than 48 hours notice, I may not reschedule future appointments. If you 'no-show' an appointment, you will owe for the full cost of the scheduled appointment. If you no-show for a 2nd time, you will not be rescheduled.

Arriving Early

Please arrive as CLOSE TO YOUR SCHEDULED appointment as possible. I don't have a 'waiting' room and try to schedule clients to accommodate this so that no one has to sit out front. When you arrive, you will see a sign that says the room is ready or that a massage is in session. Most of the time the room will be ready and you can just come in unless you are more than 15 minutes early. If I am not in the room when you arrive for your appointment, please come in and make your self comfortable in the sitting area until I come out (new clients). For existing clients, please get ready and on the massage table (face up) and relax - I will be there shortly.

Payment

Payment is due at time of service. We accept Cash, Credit or Check. There will be \$25 returned check fee for any checks that are returned. You can also have a preferred payment option on file with my StyleSeat scheduling software and your payments can be handled seamlessly and securely, it takes just a moment to set up.

Privacy Policy: Your information is important to me. It will be kept confidential **at all times**.

†These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent disease.
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Natures Gateways — Client Intake Information

Name: _____ Date of Birth: _____
Address: _____
Telephone: Home: _____ Cell: _____ Do you text? Yes No
Email: _____ Email Checked regularly? Yes No
Preferred means of communication and appointment reminders: Phone Text Email
If Minor, what is your parents name: _____
Referred by: _____
In Case of Emergency: _____ Ph: _____

Have you ever experienced a professional massage or bodywork session? Yes No How recently? _____

What is your purpose for our session today? Stress relief Pain Other: _____

General & Medical Information:

Age: _____ Male Female

Lifestyle: Active Sedentary

Relationships: Single Married Divorced/Separated Widowed

Children: Yes No How many: _____

Profession: Work in/At home Mom Retired Work out of the home _____ Average # work hours a week

Muscular/Skeletal problems: Aches/Pain Stiff Joints Joint Swelling Headaches Osteoporosis

Have you had any broken bones in the past two years? Yes No

Please Explain: _____

Do you suffer from back pain? Yes No Where? Upper Mid Lower

Is the pain: chronic due to injury occasional and for how long? _____

Digestive: Constipation Bloating Liver/Gall bladder Stomach

Circulation: Heart High blood pressure Low blood pressure Fluid retention Tired legs

Varicose Veins Kidney problems Cold hands and feet Pace maker

Gynecological: Pregnant Irregular periods PMS Menopause Pill Other: _____

Date of last period: _____

Nervous System: Frequent Headaches (location) _____ Migraine Tension Stress Depression

Seizures Epilepsy

Immune System: Prone to infections Sore throats Prone to colds Prone to chest infections Prone to sinus issues

Contagious Disease

Regular antibiotic/medication taken: Yes No

Stress Levels 1-10 (10 being highest): at Work: _____ At home: _____

Stress is: Chronic Occasional or Situational

Ability to relax: Good Moderate Poor

Sleep patterns: Good Poor Interrupted Average number of hours: _____

Do you work at a computer? Yes No If yes, how many hours: _____

Do you eat regular meals? Yes No

Do you drink water regularly? If yes, how many cups a day. _____

Do you smoke? Yes No How many per day _____

Do you drink alcohol? Yes No How many per day _____

Do you exercise? None Occasionally Irregularly Regularly Types: _____

Do you suffer from: Dermatitis Acne Eczema Psoriasis Allergies Hay Fever Asthma

Skin cancer Diabetes

Arthritis (where): _____



Name: _____

Surgical History: (Type and approximate dates): _____

Known Allergies: (all known, medications and food): _____

Is there any position you are NOT able to lay in: On Stomach On Back Cannot turn over Side

Have you been in an accident or suffered any injuries in the past two years? Yes No

Please Explain: _____

Are you currently receiving chiropractic adjustments? Yes No If YES, how often? _____

Do you have numbness or stabbing pains anywhere? Yes No Where: _____

Are you very sensitive to touch or pressure in any area? Yes No Where: _____

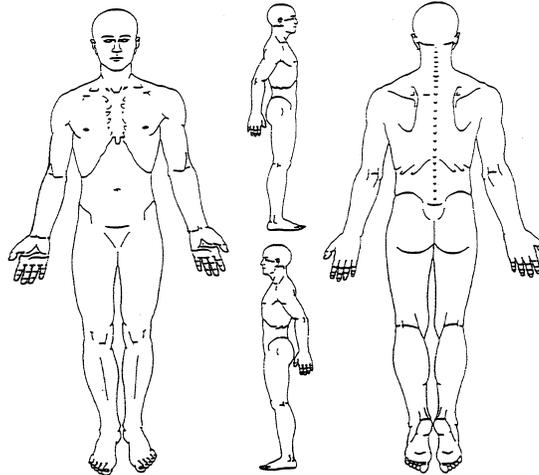
Do you bruise easily? Yes No

Is there any other medical condition I should know about? Yes No If YES, please explain.

Please List Medications and Supplements (vitamin & herbal) CURRENTLY and **CONSISTENTLY** taking:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please indicate below where your stress, pain or the area you would like extra focus on.



Your Preferences

Your massage will be tailored to meet your needs and preferences. **It is SO important to have your feedback!**

Pressure: Do you prefer: Light Pressure, (relaxing massage) Medium Pressure, (not too light but not too deep)
 Deep Tissue (get it worked out) I am not sure.

Heat Preference: No Preference or not sure. I get cold easily so heat is GREAT! No Heat, I get hot easily
***Please tell me if you are too cold or too hot.**

Talking Preference: I prefer silence and total relaxation Conversation is okay No preference, we'll see.
 Sometimes I prefer silence and sometimes I might be okay with conversation.

Client Name: _____

Essential Oils & Aromatherapy

I routinely use essential oils in client's massage sessions because of the benefits both aromatically and topically to your skin and muscles. Clients report that essential oils help with inflammation, pain, stress, and an overall better experience. Because I only use the safest certified pure therapeutic grade essential oils, there is little likelihood of a reaction. However, if at ANY TIME you feel discomfort, please let me know, I can apply some additional carrier oil to dissipate the oil.

Yes No **Are you open to using Essential Oils during your massage session?**

Please let me know immediately if you have any discomfort after an application of an oil.

Authorization to perform therapy:

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

I understand that the massage/bodywork, aromatherapy and the use of essential oils that I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage, bodywork, aromatherapy or the use of essential oils 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 that I am aware of. I understand that massage/bodywork/aroma therapist practitioners 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 and the use of essential oils should not be used or performed under certain medical conditions, I affirm that I have stated all my known medical conditions and disclosed all medications, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I have read Natures Gateways Policies and Privacy Policies and understand and agree to abide by them.

Please arrive as close to your scheduled appointment time as possible, 0-5 minutes early is perfect after your first session.



Client Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage, essential oils, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Minor Policy: We request that any child under the age of 18 be accompanied by an adult during the massage session. A parent may waive this right by checking your preference below.

I will be attending my child's massage sessions. I will NOT be attending my child's massage sessions.

Signature of parent or Guardian _____ Date _____

**For more options and for online scheduling, please see our website:
www.Naturesgateways.com**

