Christina Pechmann Gotter, LMT, RYT-200

608-444-8177 - Christina@BambooBodyworkandMassage.com

Contact Information

First Name*			
Last Name*			
Preferred Name (if different)			
Date of Birth*	Pronouns		
Mobile Phone*	Home Phone		
Street Address*			
City*	State*	Postal / Zip*	
Occupation	Employer		
Guardian			
Emergency Contact*			
Relation to Client*		Phone*	
Primary Doctor		Phone	
What is your current main co	oncern or	goal?	
Please include any relevant d	letails, des	criptions, or additional	

Christina Pechmann Gotter, LMT, RYT-200

 $608\text{-}444\text{-}8177 - Christina@BambooBodyworkandMassage.com}$

Have you had any changes in your health over the past 12 months?	Please
include any injuries, surgeries, major illnesses, etc.	
Please list current allergies and sensitivities.	
Please list current medications/supplements and dosages.	

Christina Pechmann Gotter, LMT, RYT-200

608-444-8177 - Christina@BambooBodyworkandMassage.com

Policies, Procedures, and Informed Consents

Email Communication

Transactional Emails

You can opt to receive emails to keep you informed of new bookings, changes to your

bookings, and reminders for upcoming appointments.
I would like email notifications of new, cancelled, and rescheduled appointments
Email 2 days before appointment Text Message (SMS) 2 hours before appointment
News and Special Promotions
Yes, I would like to receive news by email. (This is the best way to stay up to date on what's happening with Bamboo Bodywork & Therapeutic Massage!)
Annual Updates and Policies — Consents
Accuracy of Information
Because massage is contraindicated with some conditions, you are liable for any inaccurate or incomplete information. It is your responsibility to inform your healthcare provider of any changes in the status of your health.
Massage therapy and bodywork is not a substitute for examination, diagnosis, or treatment from a physician and massage therapists are not licensed to make spinal adjustments, perform joint mobilizations, or prescribe medications.
Information shared during bodywork and yoga sessions is intended for educational purposes only and to better understand the processes and conditions of your body.
I certify that the above medical information is correct and updated to the best of my knowledge. Required

Christina Pechmann Gotter, LMT, RYT-200

608-444-8177 - Christina@BambooBodyworkandMassage.com

Privacy and Sharing of Information

Bamboo Bodywork and Therapeutic Massage creates patient and treatment records that include your contact information and health history.

Your personal and medical information is confidential and will only be disclosed to third parties with your permission. The following scenarios are waived from legal limits of confidentiality, and include: 1) If there is convincing evidence that you are in immediate danger to yourself or others. Legal action may be taken for your own protection and that of others. 2) If you are involved in a medical emergency. 3) incidents of child or elder abuse, including physical, sexual, or neglect will be reported to the necessary authorities. 4) A court of law may subpoena information and may order release of information.

Records are secure and kept confidential.

I authorize Bamboo Bodywork & Therapeutic Massage and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. Required

Cancellation Policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations to your appointment.

Patients who provide less than 24 hours notice of cancellation, or miss their appointment, will be charged the full price of the missed session. You will not be able to reschedule until the missed session is paid in full.

Exceptions made for illnesses, en	mergencies, and life	e at the therapist's discretion.
-----------------------------------	----------------------	----------------------------------

I am aware of the Cancellation Policy. Required

Illness Policy

Christina Pechmann Gotter, LMT, RYT-200

608-444-8177 - Christina@BambooBodyworkandMassage.com

Please do not arrive to a session while ill!

To best care for yourself and the health of others, please cancel your session as soon as possible if you are experiencing any symptoms of acute and/or contagious illness.

If you arrive to a session while ill, you will be asked to cancel and reschedule. If you arrive to a session while ill, you will be charged the full amount of the cancelled session.

I understand that by arriving to scheduled sessions I certify that I am not experiencing any symptoms of acute and/or contagious illness. I understand that if I am feeling ill I should cancel and reschedule my appointment as soon as possible. I understand that if I arrive to a session while ill, I will be asked to cancel and reschedule. I understand that I will be charged the full price of the cancelled session. Required

Vaccinations & Injections

Please reschedule any sessions that would occur within 48 hours after receiving a vaccine.

Bodywork is locally contraindicated following a steroid injection. If you are receiving one or more injections (steroidal, Synvisc, etc.) or prolotherapy, we will need to avoid working on that area for a full seven days.

I understand that I must reschedule any sessions that may occur within 48 hours of a vaccine. I understand that if I receive one or more injections (such as a steroid), bodywork is locally contraindicated for seven days following the procedure. Required

Client Consent

You have the right to terminate our therapeutic relationship at any time. You have the right to informed consent. You may ask me about my training, education, and experience at any time. You will be draped at all times. You may be provided with a gown for treatment at times, and you may request a gown at any time. You may leave on as much clothing as you need for comfort. You may request any sensitive areas to be massaged through the draping, or to be avoided entirely.

I understand and consent to treatment within the therapist's	scope of	f practice.	Required
--	----------	-------------	----------

Date

Christina Pechmann Gotter, LMT, RYT-200

608-444-8177 - Christina@BambooBodyworkandMassage.com

Signature