

Melodic Movement Therapeutic Massage

Lindsay Newman LMT OR Lic #16508.

At RoseSprings Center for the Healing Arts 5215 NE Elam Young Pkwy West, Hillsboro OR 97124

Phone: office 503-693-9101, direct 503-724-4443.

E-mail lindsaynewman@massagetherapy.com

Welcome! It is Licensed Massage Therapist Lindsay Newman's great joy to provide you with educated assessment and compassionate treatment, facilitating your journey into vibrant well-being. We strive to provide a comfortable, professional environment where you will feel safe and be able to relax deeply, allowing your capacity for healing to fully express itself.

Lindsay's Credentials:

- Graduate of the Ashland Institute of Massage with over 650 credit hours of training from outstanding instructors.
- Education includes college level courses in biology, anatomy, physiology, kinesiology, and pathologies.
- Holds current OR Massage Therapy License and is member of good standing with the national Association of Massage and Bodywork Professionals.
- 140 hours of advanced training in Thai Massage and current Member of Thai Healing Alliance International.
- Second degree Reiki Practitioner and Intensive Intuitive Energy Healer.

Services, Rates, and Practice Policies:

Integrative Treatment on the Massage Table: This format is appropriate for either pure relaxation massage or work with specific soft tissue complaints such as stiff necks and recovery from recent injuries and scar tissue release. Client is professionally draped at all times and use of organic massage cream allows for strokes to slide over the skin. Lindsay often incorporates little extras such as steamy hot cloths and aromatherapy. Base rates: **75 min = \$90, 120 min = \$135**

Available Upgrades: Pre-book therapeutic use of **Hot Stone** in your treatment (\$15), consent to use of high grade **homeopathic creams and wild crafted healing salves** (\$3), and/or enjoy an **extra 20 minutes** treatment (\$20).

Thai Massage: Sometimes referred to as "Thai Yoga Massage" this modality is grounded in over 2,500 years of tradition and is practiced on a futon mat on the floor. As the client you get to breathe deeply and melt into the mat as Lindsay fluidly blends deep compressive strokes with supported stretches. The focus is on structural integration and range of motion for all your joints (Particularly good for resolving hip, low back, and shoulder complaints).

Standard sessions: **95 min = \$110, 120 min = \$135**

Scheduling: Please call RoseSprings at 503-693-9101, or reach Lindsay directly at 503-724-4443. If scheduling well in advance you may e-mail lindsaynewman@massagetherapy.com. When choosing your appointment time please leave room in your day to arrive early and not feel rushed leaving.

Payment: Full payment is due at time of treatment unless an alternate payment plan has been agreed upon.

Checks or cash are preferred. Credit cards are accepted at RoseSprings. Gratuities are appreciated.

Cancellation: There is a 24 hour cancellation policy. Calling more than 24 hours in advance of the scheduled appointment releases you from any financial obligation for that appointment. Canceling less than 24 hours but before the scheduled time of appointment incurs a \$25 charge. Clients who are more than 20 minutes late and haven't called to say they are on their way will be considered "no shows." No shows shall pay full price for the missed appointment (50% of the payment may be credited toward another appointment). If Lindsay has to cancel your appointment she will contact you as soon as possible to reschedule, giving you a \$25 discount on the rescheduled appointment.

--See back of page for expectations for your appointment--

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Communication: Your comfort and sense of wellbeing are of utmost importance so *please* don't hesitate to voice your concerns or questions at anytime! After the initial intake period, Lindsay will strive for relative silence rather than badgering you for your input. She trusts that you will share your preferences and provide feedback throughout your session and that you will appreciate the chance to slip into a state of deep relaxation.

Confidentiality: In compliance with HIPPA regulations and standards of ethical boundaries Lindsay will keep your personal information private, not even sharing the fact that you are her client except in cases where she has been granted permission to communicate with other health care providers to ensure your health and well-being.

Health and Hygiene: Lindsay keeps her treatment space and practices as sanitary as possible. Please consider your own personal state of hygiene before coming for your appointment. If you are experiencing contagious ill health please call to re-schedule. Understand that as an independent therapist Lindsay has the right to deny treatment to a client if she feels they are failing to meet a basic level of cleanliness or present any other barrier to appropriate treatment. Please refer to "cancelation policies" for possible associated fees.

Draping: All clients will either remain comfortably clothed (such as with chair or Thai Massage sessions) or have their modesty maintained with professional draping (such as Swedish massage). For Swedish or Fusion massage sessions Lindsay works with either organic jojoba oil or sacred earth botanical massage cream and will need to access your skin. *After* she has completed the intake session and stepped out to wash up, please strip down to your comfort level (**whether this means leaving undergarments on or going completely nude**) and then slip between the sheets and rest comfortably on the infra-red heated massage table. Each time Lindsay shifts the sheet it is done efficiently and held securely to maintain at least visual barrier as required by Oregon law. Heat packs and blankets can be added to keep you cozy, or the sheets folded carefully to allow you to cool. The table warmth is also highly adjustable, so please let Lindsay know what will best suit your comfort.

Professional Boundaries: Lindsay feels strongly that professional boundaries and ethical standards must be maintained in this inherently intimate profession. ***If Lindsay ever feels that her client has crossed the line into the realm of inappropriate or disrespectful behavior she will uphold her rights to terminate the session on the spot. This includes but is not necessarily limited to sexually suggestive remarks or behavior.*** Note that there will be no refunds for a session cut short due to the client forfeiting treatment in this manner.

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Client Contact and background info: Full Legal Name: _____ Date of

Birth: _____ Preferred Spoken Name _____ Home Phone: () _____ - _____

E-mail address: _____ Cell Phone: () _____ - _____

Address: _____ City: _____ St: _____ Zip: _____

Emergency Contact Name and Phone: _____

How did you hear about my practice? _____ Your Occupation: _____

Have you had professional massage before? Yes / no If so, please indicate how often: 1+/week, 2/month, 1/month, every 6-8 weeks, every 6 months or less.

What style of massage do you prefer? _____

How, besides massage, do you relieve stress or pain? _____

The RoseSprings put out a monthly massage and bodywork e-mail newsletter to educate our clients about the different styles and benefits of bodywork as well as tips for self care and include promotional specials. May we sign you up to receive this publication? yes/no

Health History: Do you suffer from chronic or persistent pain/discomfort? _____ If so, for how long? _____ Do you know what caused it or when the symptoms seem to get worse or better? _____

Please indicate any conditions that you have had or currently have:

- | | |
|--|--|
| <input type="radio"/> heart/circulatory problems | <input type="radio"/> arthritis |
| <input type="radio"/> Acute/advanced disease of an organ | <input type="radio"/> Auto Immune diseases |
| <input type="radio"/> diabetes | <input type="radio"/> paralysis |
| <input type="radio"/> recent injuries (last 3 months) | <input type="radio"/> hemorrhages |
| <input type="radio"/> headaches/migraine: frequency? | <input type="radio"/> hemophilia |
| <input type="radio"/> Scoliosis or osteoporosis | <input type="radio"/> fibromyalgia/chronic fatigue |
| <input type="radio"/> major accidents + when. | <input type="radio"/> Pregnancy |
| <input type="radio"/> surgeries including implants | <input type="radio"/> Skin conditions including rashes |
| <input type="radio"/> jaw pain/TMJ syndrome | <input type="radio"/> Other: |
| <input type="radio"/> cancer/ tumors | |

Please describe any conditions you have checked above: _____

Other forms of health care you are receiving: _____

Depending on your condition, for your safety I may need to consult with your primary care physician to tailor a plan of treatment appropriate for your body. Primary Care Physician's Name and Contact Info:

Activities you do listing those you participate in most frequently first: (To give me an idea of where your tension patterns originate and how best to help you release them.)

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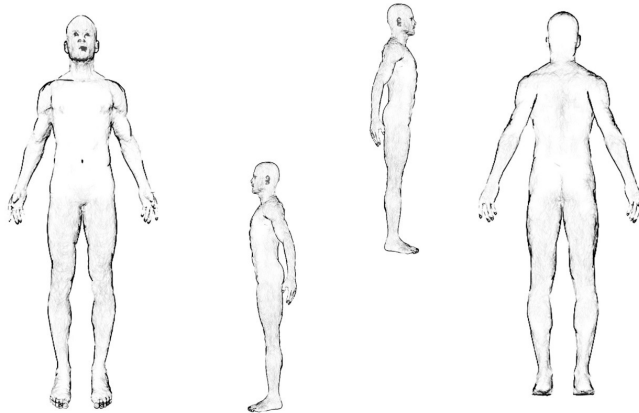
Purpose of visit today: _____

Please indicate any conditions that you currently have:

- Currently on pain relievers: yes/no
- blood pressure issues: high / low
- allergies
- recent sprains, strains, breaks/fractures and location: _____
- Skin stuff: Bruises, burns, cuts/scrapes, rashes, piercings or tattoos etc and location: _____
- headaches/migraine: severity 1-10, 1 being really faint, 10 being the worst ever! ____
- numbness/persistent tingles
- tendonitis
- For women: Pregnancy: no/yes - weeks _____. Currently menstruating: yes/no
- Other

Medications you are currently taking including most recent dose of pain relievers:

Other: **X** over any specific areas you want concentrated on during your session:



Any areas you DO NOT want massaged today? _____

Please let Lindsay know if you have any questions or concerns regarding treatment either past or present.

Consent to treatment: I understand that if I experience any unusual discomfort and/or pain during my massage sessions it is my responsibility to inform the massage therapist so that she can adjust the technique or pressure being used. The massage therapist will not diagnose illness, disease, or any further physical or mental disorders nor prescribe medical treatment or pharmaceuticals, or perform spinal manipulations. Rather, the purpose of this massage is exclusively for relaxation and soft tissue care. I understand that massage is not a substitute for medical diagnosis or treatment and that it is recommended that I see a physician for any ailments that I may have.

I have read and accept Lindsay's practice policies as applicable to my treatment.

Client Signature _____ **Date** _____

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