

O R I E N T A T I O N T O

Student Massage Clinic

A T T H E

Dothan Massage School

**1558 Montgomery Hwy Ste 7, Dothan AL 36303
334-439-0262**

website: www.Dothanmassageschool.com

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Thank you for your interest in receiving a session at the DMS Student Massage Clinic. Here are the essential details, so that you know what's involved. Please read this thoroughly before calling to book your session.

- **PURPOSE:** This Clinic is part of the Massage Therapy Certificate Program at DMS. Students in the Program are required to perform a certain number of massage sessions in the Clinic to gain valuable experience. These sessions are organized around your particular needs, and are based on the skills the students have at that particular point in their training.
- **SESSION FORMAT:** Each session will last one hour. At the beginning, your student therapist will review your health history, discuss your needs and preferences, and determine what type of session you would like to receive. During the session, they will ask for your feedback as appropriate. At the end, they will check in about your experiences of the session. This is an opportunity for you to receive a good massage session in a learning environment.
- **ABOUT YOUR MASSAGE:** You will have the opportunity to receive either: a full-body massage for general relaxation and wellness, or a more focused regional massage to one or two areas of the body. Students who have completed the first half of the Program will be using Swedish Massage, while those towards the end of their training may also use Myofascial Massage. Both are effective at releasing muscle tension and increasing well-being.
- **SUPERVISION:** Members of the DMS Faculty will be present to supervise the work of your student therapist. Faculty may step in as appropriate to offer feedback to a student. Clients are assigned to a student at the beginning of each session by the Clinic Supervisor.
- **TREATMENT SETTING:** The Student Clinic is held in the DMS Classroom Building. The clinic area will be set up “open style”, with 5-10 massage tables, and no room dividers. Students use full-sheet draping, which means your body will remain covered on the table at all times, except for the area being massaged. Clients may choose to undress to comfort underneath the top sheet on the table.
- **CLINIC ENVIRONMENT:** We endeavor to provide a caring and relaxing environment for your massage experience. We ask that clients keep conversation with their student therapists focused on the details of the treatment, and that voices are kept at a quiet level.
- **HEALTH STATUS:** You are required to fill out a Health Questionnaire, and to read and sign the attached Client Consent Form. It is essential that you bring your completed forms to the session. Your safety and well-being are primary concerns; this information allows us to determine whether there are existing conditions that are contraindicated for massage therapy. If you are currently under a physician's care, you are encouraged to consult with your provider before booking a massage session.

- **SCHEDULING:** All appointments must be booked in advance with the DMS Office. Call 334-439-0262 Monday-Friday, 9:00am-6:30pm. Session times begin 5 & 6:30pm. It is permissible to schedule two successive sessions, but they will be with two different students, in their respective treatment areas.
- **COST:** The cost of a clinic massage session is \$35.00. This is payable to DMS at the time of booking. The school accepts VISA/MC, Discover and American Express, or Cash. Once paid, the fee is non-refundable, should you miss a session for any reason. By state law, students may not receive compensation for their work. (*This includes gratuities.*)
- **SHOWING UP:** There are a limited number of clinic days for our students, and their ability to complete their course requirements depends on clients showing up as scheduled. If you need to change or cancel your appointment, please give DMS at least 3 days advance notice.
- **LATE ARRIVALS:** If you are more than 15 minutes late for your massage appointment, you will either receive a shorter session, or no session at all. This will be at the discretion of the school. There will be no credits or refunds given in the case of late arrivals.
- **TRANSFERRING YOUR APPOINTMENT:** If you cannot make your appointment and get another person to take your place, that person must notify the school in advance of the appointment. The person must get the orientation information booklet, and complete their own Client Consent Form and Health Questionnaire before arriving for the Clinic.
- **AGE LIMIT:** Persons must be at least 18 years of age to receive treatment in the Clinic.

Client Consent Form

Dothan Massage School — Student Massage Clinic

Client's Name (please print)

By my signature below, I acknowledge that I have agreed to receive one or more massage therapy sessions from a student enrolled in the Massage Therapy Diploma Program (Program) at the Body Therapy Institute (DMS). I have read and understand the information contained in the DMS document: *Orientation to the Student Massage Clinic*. Furthermore, I understand that:

1. The primary purpose of these sessions is to afford the student a learning opportunity to practice specific hands-on methods and related professional skills as part of their required course work in the Program. As a client, I may reasonably expect to receive the general benefits of massage therapy, such as relaxation, reduction in muscle tension and increase in range of motion.
 2. Neither DMS nor the student has made any guarantees or promises regarding the results of this process upon me, and any relief of physical or emotional symptoms is coincidental to the process and is not a goal of these sessions.
 3. Massage therapy is not involved with the treatment of disease, illness or disorders of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. Likewise, neither DMS nor the student shall diagnose or treat any illness, disease, or other physical or mental disorder of the person; and nothing said or done to me by DMS or the student should be construed as such.
 4. I am responsible for obtaining medical clearance from my health care provider(s) if I have a currently diagnosed medical condition that could be a contraindication for massage therapy. I shall provide written documentation to DMS from my provider.
 5. DMS has the right to decline to provide care or to terminate a session in the Student Clinic at any time, and for any reason.
 6. It is necessary for the student and/or faculty supervisors to touch and observe my body in order to conduct this process. I am aware that massage work is performed directly on the skin with the use of lubricants, and that all areas of my body not being massaged will remain draped. I give DMS and the student full permission to work on my body in such a way. I acknowledge that I also have the right to decline treatment to any part of my body, and to request modifications to the session plan.
 7. **In my role as a Client, it is my responsibility to:**
 - a. Arrive for clinic massage sessions on time;
 - b. Maintain good personal hygiene and avoid the use of perfumes, other strong scents or tobacco products before a massage session;
 - c. Give DMS at least 3 days notice if I need to change or cancel a session appointment;
 - d. Provide accurate information on my health status on the forms provided, and keep DMS updated as to changes in my health status upon return visits to the Student Clinic;
 - e. Provide the student with feedback on their massage work both during and after sessions, as requested.
 8. Client records are the property of DMS, and their confidentiality shall be maintained at all times by DMS. I understand that my health history and treatment-related information may be discussed between the student and DMS Faculty for educational purposes only, and that this information will not be shared outside of the teacher/student relationship.
 9. Sign Liability Waiver
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Health Questionnaire for Clients of the DMS Student Clinic (page 1 of 2)

Please Print Clearly. All information shared will remain confidential.

Name _____ Date _____ Height/Weight _____ D.O.B. _____ Preferred Phone # _____

Address _____

City _____ Home _____ Work _____ Cell _____

State & Zip _____

Email _____

Do you have – or have you ever had – any of the following conditions/illnesses/problems? Circle YES or NO. Be descriptive when appropriate. (There's more room for notes on the second page.)

Heart Condition.....YES	NO	Convulsions	YES	NO	Eliminatory Problems.....	YES	NO	
High/Low Blood Pressure.....YES	NO	Muscle/Joint Pain.....	YES	NO	Skin Problems.....	YES	NO	
Phlebitis.....YES	NO	Osteoporosis.....	YES	NO	Digestive Problems	YES	NO	
Hemophilia.....YES	NO	Arthritis	YES	NO	Respiratory Problems	YES	NO	
Diabetes	YES	NO	Headaches.....	YES	NO	Infectious Diseases.....	YES	NO
Cancer.....YES	NO	Circulatory Problems	YES	NO	Other.....	YES	NO	

Descriptions _____

Do you wear: Contact Lenses..... YES NO Dentures/Removable Bridgework..... YES NO

Are you currently under the care of a medical doctor, chiropractor or therapist? YES NO

If yes, for what? _____ If no, list date of last physical _____

What medications have you taken in the past six months? _____

Please describe, including dates, area of injury and treatments received:

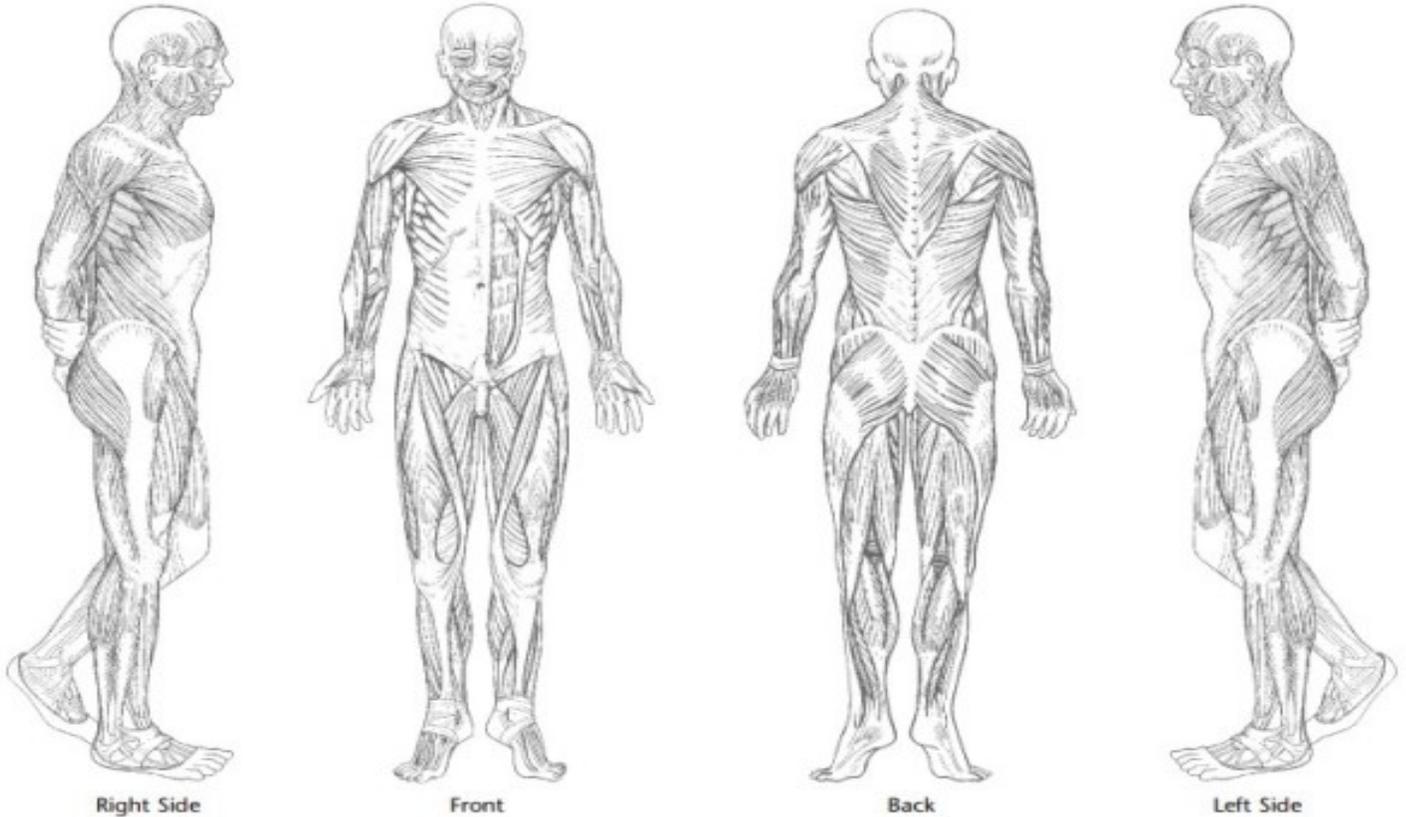
Past Injuries or Accidents _____

Past Surgeries _____

List any chronic bodily discomfort you have _____

Previous Professional Massage/Bodywork Received _____

DMS Student Clinic Health Questionnaire (page 2 of 2)
On the diagrams below, shade in or circle areas of discomfort or ongoing tension



Liability Release

This agreement releases Dothan Massage School from all relating to injuries that may occur (during activity, on location etc.) By signing this agreement, I agree to hold Dothan Massage School entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in Massage Therapy. These include but are not limited to slips, sprains, body exposure, musculoskeletal injury, etc. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against Dothan Massage School for any reason, in return, I will receive (participation in massage activity). I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.
(print name above)

Participant's Signature

Date