

**CLINIC POLICY, PROCEDURES, AND GENERAL CONSENT**

**Stark State College Massage Clinic  
6200 Frank Ave NW North Canton, OH 44720  
Health Sciences Building J110**

Date \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact/ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Client Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Please check off any of the following conditions that apply to you:**

- |  |   |  |
|--|---|--|
| <input type="radio"/> High Blood Pressure  | <input type="radio"/> Varicose Veins        | <input type="radio"/> Numbness             |
| <input type="radio"/> Blood Clots          | <input type="radio"/> Pregnant              | <input type="radio"/> Lupus                |
| <input type="radio"/> Muscle Sprain/Strain | <input type="radio"/> Diabetes/Sugar Issues | <input type="radio"/> Fainting             |
| <input type="radio"/> Surgeries            | <input type="radio"/> Circulatory Issues    | <input type="radio"/> Infections/Skin, etc |
| <input type="radio"/> Low Back Pain        | <input type="radio"/> Allergies             | <input type="radio"/> Liver Issues         |
| <input type="radio"/> Heart Attack         | <input type="radio"/> Depression            | <input type="radio"/> Heart Issues         |
| <input type="radio"/> Stroke               | <input type="radio"/> Bursitis              | <input type="radio"/> Kidney Issues        |
| <input type="radio"/> Seizures             | <input type="radio"/> Fibromyalgia          | <input type="radio"/> Cancer               |
| <input type="radio"/> Neck Pain            | <input type="radio"/> Vertigo               | <input type="radio"/> Chronic Illness      |
| <input type="radio"/> Headaches            | <input type="radio"/> Anxiety/Stress        |  |
| <input type="radio"/> Osteoporosis         |   |  |

Other: \_\_\_\_\_

**Accident / If so, what kind?** \_\_\_\_\_

**Is your injury work related or the result of a car accident? Yes/ No**

**Are you currently under a doctor's care? Yes/ No Name/Phone:** \_\_\_\_\_

**Are there any restrictions given by your medical doctor regarding massage? Yes/No**  
**If so, Please explain** \_\_\_\_\_

**What are your present symptoms?** \_\_\_\_\_

**Pain level 1 – 10** \_\_\_\_\_ **Are you sensitive to heat, scents, lotions? Yes/ No** \_\_\_\_\_

**Please list any medications/supplements you are taking** \_\_\_\_\_

**What aggravates the condition?** \_\_\_\_\_

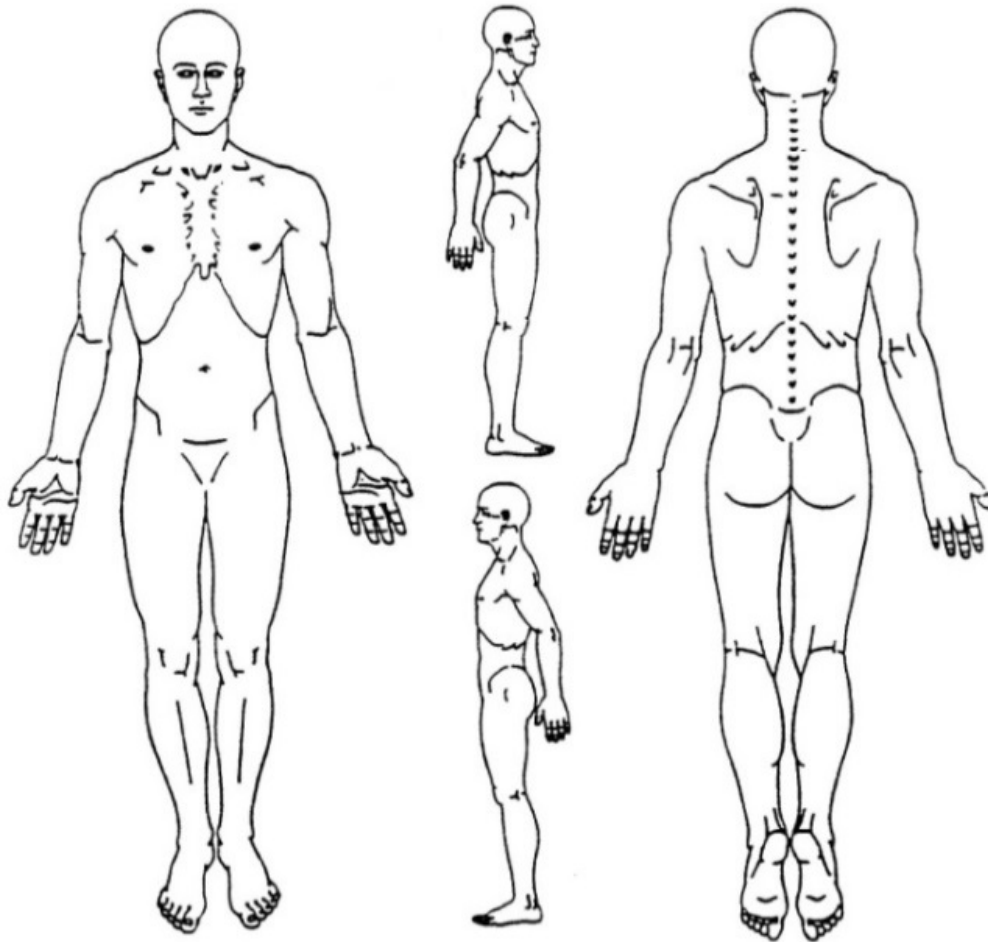
**Please add any additional comments regarding your health and well- being in the area below**

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**Massage Student's Notes:**

**Please indicate areas of pain on the chart below**



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### **OUR PURPOSE:**

Our clinic serves you, the patient, and our students. We offer a one-year certificate and an associate degree program providing academic and clinical instruction to prepare students as Licensed Massage Therapists (LMT). The students are developing their skills and clinical judgment to provide massage in a clinical setting under supervision by Licensed Massage Therapists. They will consider your overall health status when performing the screening examinations. You receive valuable service as our students work to become professionals.

### **IMPORTANT - PLEASE READ:**

The following information describes the conditions under which individuals receive care in this clinic. Please read it, ask us any questions that you need to fully understand it, and then sign the bottom section.

*Your signature means that you are giving us permission to:*

- provide necessary massage services within our scope of practice
- use your health history and screening results for teaching purposes

The information obtained from the screening provided to you is preliminary only and is not a diagnosis of any pathologies. Depending on the outcome of your assessment, the student will perform a massage considering the indications and contraindications you discuss with the student and include on your intake form.

### **INFORMATION ABOUT CLINIC SERVICES:**

1. Patient, student, faculty and staff safety is a priority.
2. Massage therapy students, under the supervision of a Licensed Massage Therapist perform services. Stark State College's Massage Clinic does not accept financial or legal responsibility for follow-up medical treatment.
3. Intake screenings proceed more slowly than in a private office since it is rendered by students and carefully evaluated by faculty and staff members at regular intervals.
4. The Stark State College's Massage Clinic is open to the public on a regular basis depending on the schedule of the college.
5. Since our massage clinic is dependent on student availability, if you are unable to make an appointment for a massage, you can go to <https://www.starkstate.edu/massage-therapist-locator-search/> and look for a LMT who is a graduate of Stark State College. It is likely you will be scheduled with a different student if you return for additional visits to the massage clinic.
6. Patients needing emergency care should call their private physician or go to a hospital emergency room.
7. Students must obtain a thorough medical history of each patient before starting services. Our *Privacy Policy* describes how health information about you may be used and disclosed and how you can access this information.
8. All records are the property of the College; patient requests to see or obtain a copy of their record are allowable according to the provisions of our *Privacy Policy*.

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9. There charge for services provided by Stark State College's Massage Clinic are \$20 for a 50-minute massage. Senior citizens (65 or older), SSC faculty, staff and students are \$10 for a 50-minute massage. Gift certificates are available for purchase.
10. Stark State College's Massage Clinic is partnered with Hands for Heroes, an organization that offers veterans one free massage every month. Ask how to be involved with this program.
11. For a minor patient, a parent or legal guardian must remain with the patient during the entire appointment time.
12. There are no foreseeable risks to participating in the massage clinic.
13. We are committed to protecting the privacy and confidentiality of our patients. Faculty, staff and students do receive training regarding privacy, in general, and HIPAA policies, specifically.

### **PRIVACY POLICY**

Your screening records are kept in the strictest confidence by this clinic. All patient records are kept in a secure cabinet and locked within a locked laboratory. Those who need to see a patient's file for legitimate business or professional purposes have access to them. Your records will not be released to third parties, including health care providers and insurance companies, without your written consent. Records may be surrendered if required by law.

#### **By signing below, I acknowledge the following:**

- 1) I have read and understand the Clinic Policy, Procedures, and General Consent set forth in this document;**
- 2) I authorize Stark State College's Massage Therapy Program to perform massage on me.**
- 3) I understand that massage provided by Stark State College massage student(s) is intended to enhance relaxation, reduce pain caused by muscle tension, improve circulation and offer a positive experience.**
- 4) I understand that massage is not a substitute for medical treatment or medications, and it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage student(s) does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of the massage session.**
- 5) I have informed the massage student(s) of all my known physical conditions, medical conditions and medications, and I will keep the massage student(s) updated on any changes. I understand that there shall be no liability on Stark State College's Massage Program and student(s) due to my forgetting any pertinent information.**
- 6) If I experience any pain or discomfort during the session, I will immediately communicate that to the massage student(s) so the treatment can be adjusted.**

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- 7) Any and all questions that I have about the massage have been asked by me and answered to my complete satisfaction;**
- 8) The information that I receive as a result of my screening is preliminary and does not constitute a diagnosis of any problems. If further screening, diagnosis, or care is necessary, I understand that I will be responsible for making such arrangements with qualified providers and that I will be financially responsible for those services;**
- 9) I will not hold Stark State College, its employees, or its students liable for any errors of commission, omission or other misdiagnosis;**
- 10) I may revoke this consent at any time, but if I do so, the clinic may refuse further services; and**
- 11) A paper copy of this consent is available upon my request.**

Patient's Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Patient's, Parent's, or Guardian's Signature *If not patient, relationship*  
(if under 18 years, parent or guardian must sign)