



Re- MOVE PACKAGES

INTAKE FORM

Which Area Are You Experiencing Pain? State as briefly as possible

Please answer all the questions below:

1. Do you have a pacemaker or any other implanted device? _____
2. Are you pregnant? _____
3. Do you have cancer? _____
4. Are you taking medication that may increase your sensitivity to light?

5. Have you had a steroid injection in the last 7 days? _____

Which service are you interested in today?

- ☐ *MASSAGE THERAPY PACKAGE: includes TheraGun Massage + IASTM.*
- ☐ *Flexibility Package: Includes stretching of either upper or lower extremity.*
- ☐ *NORMATEC (Lymphatic Drainage to reduce edema in LEs; improve blood flow to muscles)*
- ☐ *DEEP TISSUE LASER THERAPY/ SHOCKWAVE (Instant pain relief; within 10 mins)*
- ☐ *CUPPING (suction cups attached to the body area; eliminate toxins in muscles)*

Speak with your TheraMove Specialist if you have further questions about your chosen treatment.

Patient Signature & Date



CHOOSE YOUR PACKAGE

Massage Package (Includes Thera Gun + IASTM)

- ☐ 1 session \$60
- ☐ 3 session (\$180) \$150 SAVE \$30

Flexibility Package (Includes Stretching)

- ☐ 4 session \$200
- ☐ 8 session (\$400) \$350 SAVE \$50

Normatec

- ☐ 1 session \$ 65
- ☐ 3 session (\$195) \$150 SAVE \$45

Deep Tissue Laser/Shockwave Package

- ☐ 1 session \$75
- ☐ 3 session (\$225) \$200 SAVE \$25
- ☐ 6 session (\$450) \$300 SAVE \$150
- ☐ 10 session (\$750) \$400 SAVE \$350

Cupping Therapy

- ☐ 1 session \$40
- ☐ 3 session (\$120) \$ 99 SAVE \$21

Add Cupping to any services as an Add-On Today: \$30

Total Payment Due Today: _____ Initials: _____



INFORMED CONSENT

- **Massage/Flexibility Package:** Increased soreness may occur after your first session. This may be due to changes in circulation to the involved tissues and/ or the impact on different sensory nerves. This is a normal phenomenon in the healing process.
- **Cupping:** I understand that static cupping may result in marks being left on my body and these marks can take anywhere from a few hours to up to two weeks to dissipate. These can look like a bruise.
- **Laser/ Shockwave:** You may experience muscle soreness after your first session. Every person responds differently to the treatment. You may require more sessions to experience complete pain relief.
- **Caution:** I may experience unusual symptoms like nausea, dizziness, fainting, bleeding, bruising, headaches etc. In such a case, I will communicate immediately with the specialist.
- **Payment consent:** I am responsible for all payments for the services I choose today. All payments are **due on the Date of Service.**
- I am solely responsible for Combined Re-MOVE packages purchased. All payments are **due on the First Date of Service.**
- I understand the above and consent to receiving the chosen treatments.

Patient Signature

Date

Print Patient Name