

Pittsburgh School of Massage Student Clinic Policy

Thank you for your interest in our school's student clinic. PSMT has been training Massage Therapists since 1986, and we look forward to meeting your health and relaxation needs.

Attached you will see the available openings for our student sessions. Feel free to pick the day and time most convenient for you, and please review and adhere to the policies outlined below. New dates are added to our schedule as new terms of students advance, so if you don't find an opening that works, please check back soon.

For all clients

~~ we do ask that you limit appointments to no more than 2 sessions/month in order to allow us to accommodate everyone. We reserve the right to remove a client from overbooking.

~~ due to limited staffing in our retail store, prepayment thru Pay Pal is required. Once you choose a day, you will be directed to a link to complete a transaction to secure your booking. If you need to cancel, and provide notice, we can credit, or refund fees paid. A 'no show' however, will not be refunded.

~~ until further notice we will require face masks for the duration of your visit.

~~ if you are a returning client, and we have not seen you since the Covid 19 shutdown, we do ask that you complete a new Health History/Client Intake form (see link on this page) and bring it with you.

If you are a first-time visitor to our Student Clinic

~~ please complete the Client Agreement form and Health History/Client Intake form(see link on this page) and bring it with you for your visit. All paperwork will be reviewed before your session begins. All client information is kept confidential and never shared outside our Student Clinic. PSMT reserves the right to ask you to reschedule if it is decided your current health deems a student massage ill advised.

~~ your student practitioner will discuss any preferences you may have for your session, including lubricant, music, modality, and area of focus. You are encouraged to provide feedback regarding technique and pressure, while keeping in mind that students in clinic are at various points of their education, and therefore will provide the most complete massage possible within their current skill set.

~~ our sessions will typically include massage to your face, scalp, neck, upper pectoral area, abdominals, arms, legs, hips and back musculature. Should you prefer an area not massaged to allow additional time for problem areas, you may discuss with your student.

~~ professional draping is taught in all our classrooms, and adhered to in our clinic, meaning you are fully covered with a sheet and blanket and only areas being worked on are uncovered. Clients are asked to disrobe only to their comfort level.

~~ midway thru your session, a clinic supervisor will check in to ensure that all is well for both you and our student. Both you and your student practitioner are permitted to ask the supervisor for guidance during the session.

~~ at the conclusion of your session you will be given time to dress, be offered water and be asked to complete a feedback form to help with our student's education.

~~ our students are not yet licensed MTs, and as such, are not permitted to have contact with clinic clients outside our clinic environment.

~~ as in any professional massage environment, inappropriate behavior is not tolerated. Clients will be asked to leave and dismissed from clinic for any behavior deemed inappropriate.



PITTSBURGH SCHOOL OF MASSAGE THERAPY

To best insure a wonderful massage experience for both our clients and our student practitioners, please review the following and sign both the front and back as indicated.

PSMT Student Clinic General Guidelines and Information

- You will receive a therapeutic massage which will be performed by a PSMT student who has been professionally trained in the modalities used. Please understand that not all student practitioners are at the exact same point in their training.
- Students are assigned on a rotation system to ensure the best variety of clients during their Intern Clinics sessions. We ask you do not request specific students. Requests specifying a male or female practitioner cannot always be accommodated.
- In accordance with the Pennsylvania Massage Therapy law, no Massage Therapist, be they student or Licensed MT, will prescribe, diagnose, or treat illness, disease or any other physical or mental disorder of any client.
- PSMT reserves the right to decline a session to any client whose medical condition is deemed not appropriate for a student practitioner.
- All sessions are given in the most professional, non-sexual, and non-judgmental manner. Any client who exhibits inappropriate behavior will be dismissed from PSMT.
- Clients must be at least 18 years of age to receive a massage at our student clinic. Please do not bring young children here for any reason, as we do not have the space to accommodate them.
- Certain medical conditions require specialized training; therefore we do not accept clients who are pregnant or trying to become pregnant. Oncology patients will be considered on a case by case basis. Please discuss your health issues fully so we may best take care of you.
- To ensure your personal relaxation in our sessions, please remove only as much clothing as you are comfortable, but please remove all jewelry.
- Your student practitioner may offer you a variety of massage creams and lotions. Please feel free to discuss preferences and/or allergy concerns if needed.
- A faculty member is in this clinic at all times, and while we don't wish to interrupt your relaxation, we will check on your massage at some point during your session. Feel free to ask questions of the student or faculty member at any time.

(Agreement continues on the reverse side of this form)

PSMT Student Clinic Policies

- You will be asked to complete a feedback form at the conclusion of your session. This feedback is important to your student practitioner's education. Please be honest in your evaluation, keeping in mind these are students.
- You will be given ample time to dress and gather your belongings at the end of your session. PSMT is not responsible for lost or forgotten items.
- Please turn off all cell phones.
- Gratuities are acceptable.

Please sign _____

PSMT No Show Policy

While we understand emergencies happen, it is vital to the educational experience that clients who request an appointment in our clinic do indeed arrive as scheduled. Should you arrive late your session may need to be shortened to accommodate clients arriving for the following session. Should we need to cancel your session at the last minute due to unforeseen circumstances, you will be offered a complimentary session.

When a client no shows for a scheduled session it undermines the purpose of our clinic. As a courtesy, we will make every attempt to contact you to confirm scheduled appointments; however responsibility for the session does fall to you, our valued client. If you cannot keep a scheduled appointment, we require 24 hours notice. We will be understanding of a 'first offense' of not calling or showing for a session, however any additional no show will have you removed from our client list for any future appointments. Thank you for your understanding.

Please sign _____

PATRON RELEASE STATEMENT

This is to certify that, for and in consideration of, the reduced charge for massage therapy treatments rendered, I do hereby release the school, students, and instructors of the Pittsburgh School of Massage Therapy from any and all liabilities in any manner relating to massage therapy treatments rendered by student of this school.

Signature _____ **Date** _____



PITTSBURGH SCHOOL
OF
MASSAGE THERAPY

HEALTH AND SAFETY PLEDGE

All who attend, teach or work at the Pittsburgh School of Massage Therapy are part of the massage school community by choice. In making this choice, each of us agrees to contribute to our community in a way that enhances, in behavior and attitude, the experience of all.

Our massage school is a fellowship where we nurture respect and good will. By signing this pledge, I agree to demonstrate these beliefs and practices and that I am vitally concerned for the health and well-being of all members of the Pittsburgh School of Massage Therapy community.

I COMMIT TO THE FOLLOWING

- I will follow all school protocols as they relate to public health and safety.
- I will participate in any required prescreening, including temperature checks and symptom screenings. I will participate in testing and contact tracing, if necessary, to protect the community.
- I will self-isolate and immediately notify the Pittsburgh School of Massage Therapy if I am ill or show symptoms of COVID-19, if I have been exposed to someone with active COVID-19 or COVID-19 symptoms, or if I test positive for COVID-19.
- I will wear a face mask 100% of the time I am in the building. I may remove my mask outside the building, but I will maintain a six-foot distance from others.
- I will practice good hygiene, including frequent hand washing.
- If I am alone in an office, I may remove my mask. I will immediately put on my mask if someone enters the office.

By signing this pledge, I understand that the Pittsburgh School of Massage Therapy is taking significant precautions to protect everyone who enters the building from exposure to respiratory viruses, including COVID-19. However, I also understand that in spite of all of these precautions, there remains a risk of contracting a respiratory virus. I agree not to hold the Pittsburgh School of Massage Therapy, its owners, or its employees liable for exposure to any communicable disease.

Name

Date

Signature



Confidential Student/Clinic Client Intake

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City: _____ Email: _____
 State: _____ Zip: _____ Date of Birth: _____ Age: _____
 Emergency Contact: _____
 Relationship: _____ Phone: _____

Massage History:

Have you ever received therapeutic massage before? YES NO Frequency: _____

If yes, type of massage received: _____

What did you like or think you would like? _____

What did you not like or think you would not like? _____

Reason for seeking massage therapy: _____

Occupation and how you use your body to do your job: _____

In what hobbies, activities or recreation do you participate in your free time? _____

Health History:

Date of last appointment with a health care provider (MD, DO, DC, PT, ACU, Mental Health specialist, etc.): _____

List prescribed and OTC medications, including side effects: _____

List any prosthetics (glasses, contacts, hearing aids, implants, screws, plates, etc.): _____

Have you ever had any (include year and treatment received):

Hospitalizations _____

Surgeries _____

Accidents or _____

Injuries _____

Confidential Student/Clinic Client Intake

Health History (continued):

Please check all that apply:

MUSCULO-SKELETAL

- Tendonitis/Bursitis _____
- Arthritis _____
- Sprains/Strains _____
- Spinal/Disc Disorders _____
- Headaches _____
- Spasms/Cramps _____
- Jaw Pain/TMJ _____
- Dislocated/Broken Bones _____
- Fibromyalgia _____

CIRCULATORY

- Heart Condition _____
- Stroke/TIA _____
- Varicose Veins _____
- Blood Clots/Phlebitis _____
- High/Low Blood Pressure _____
- Lymphedema _____
- Other _____

DIGESTIVE

- Crohn's Disease/Colitis _____
- IBS _____
- GERD/Reflux _____
- Diverticulitis _____
- Other _____

NERVOUS

- Herpes/Shingles _____
- Numbness/Tingling _____
- Chronic Pain _____
- Fatigue _____
- Sleep Disorders _____
- Seizures _____
- PTSD/Traumatic Brain Injury _____
- Other _____

INFECTIOUS DISEASE

- Hepatitis A/B/C _____
- Current Cold/Flu _____
- Current Fever _____
- Other _____

SKIN

- Allergies _____
- Rosacea/Acne _____
- Rashes _____
- Current Burns/Sunburn _____
- Fungal Infection _____
- Other _____

REPRODUCTIVE

- Are you pregnant? Due date: _____
- Endometriosis/Fibroids _____
- Other _____

RESPIRATORY

- Sinus Problems _____
- COPD/Emphysema _____
- Asthma _____
- Other _____

OTHER

- Cancer/Tumors _____
- Diabetes _____
- Depression _____
- Anxiety _____
- Chemical Dependency _____
- Autoimmune Disease _____
- Recent Piercings/Tattoos _____
- _____
- _____
- _____
- _____

Please read and sign:

Information exchanged during a massage session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion. The massage therapist does not diagnose, and massage services are designed to be a health aid and in no way are meant to take the place of a physician's care.

The information I have provided is accurate and complete to the best of my knowledge. The therapist is not responsible for the aggravation of conditions which were present but not disclosed to the therapist at the time of massage, and which may be affected by the massage. It is my responsibility to keep the massage therapist updated as to any changes in my medical profile.

The therapist reserves the right to refuse services or terminate a session at the therapist's discretion based upon the client's conditions, therapist's skill set, client attitude or action, without explanation or prior notice, and I agree to this policy.

Signature: _____ Date: _____