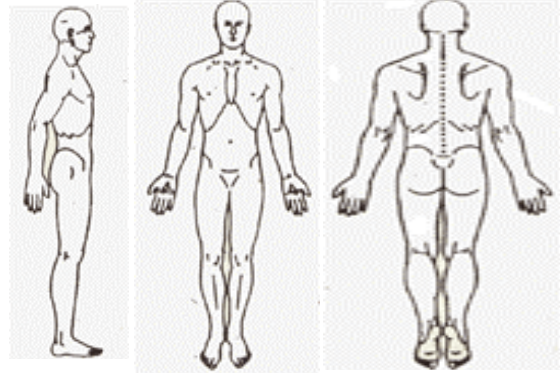


**General Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Occupation \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Referred by: \_\_\_\_\_  
 Email \_\_\_\_\_ Would you like to receive our special offers and discounts by:  
 Birthday \_\_\_\_\_  Email  Text Message

- Reason for visit:
- Relaxation (Swedish) Massage
  - Therapeutic / Deep Tissue Massage
  - Neuromuscular Therapy

Please circle any problem areas to be focused on:



Is this your first massage?  Yes  No

Any areas that you prefer not to be massaged:

\_\_\_\_\_

**Health History**

How would you rate your state of health?  Excellent  Good  Fair  Poor

Are you currently under the care of a physician?  Yes  No

If yes, for what reason? \_\_\_\_\_

Medications/ Reason	Allergies	Accidents/ Surgeries <small>include Date(s) for each</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any other current or previous health conditions that may be affecting your health or functioning?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Anything else we should know in order to make your experience with us a positive one: \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT-** Please indicate if you have now, or ever had, any of the following conditions, as standard massage techniques may not be appropriate (use **C** for a current condition, **P** for a past condition):

- |                             |                            |  |
|-----------------------------|----------------------------|--|
| ___ High Blood Pressure     | ___ Osteoporosis           | ___ Pregnancy                                |
| ___ Swelling / Edema        | ___ Diabetes               | ___ Cancer                                   |
| ___ Recent Injury           | ___ Chronic Pain treatment | ___ HIV / Aids/ Hepatitis/Infectious Disease |
| ___ Fever / Acute Infection | ___ Undiagnosed Acute Pain | ___ Disease of Heart or Blood Vessels        |

**Please read and sign below:** I understand that the massage therapist does not diagnose, prescribe, or treat any specific conditions. I understand that massage therapy is not a substitute for medical examinations, diagnosis, and treatment, and it is recommended that I see my physician for any ailment I may have. I consent to receive bodywork, and will inform my therapist each visit of any changes in my health.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE TURN THIS PAGE OVER, READ THE INFORMATION, AND SIGN AND DATE WHERE INDICATED.**

## Policies & Procedures

We thank you for taking the time to come in today and hope that your bodywork experience is a positive one. Please take note of the following information and indicate your compliance with these policies by signing and dating below:

- You must inform your therapist if you have taken any over-the-counter or prescriptions pain medications or muscle relaxants within the past 12 hours. Certain medications make it difficult for you to give feedback as to the pressure of massage. It is imperative that your therapist know all the medications you take and the reasons for taking them. With this knowledge, the therapist can make a judgement as to the type of work you can safely receive. If you are currently under treatment with narcotic pain medication and/or muscle relaxants, it may not be appropriate for a therapist to work on you at this time.
- Any client apparently under the influence of drugs or alcohol will be asked to reschedule her appointment.
- We require 24 hours advance notice if you need to cancel your appointment. Less than 24 hours notice may result in requirement to pre-pay before your next appointment. However, we do understand that situations and emergencies arise that may make it difficult for you to give adequate notice of your cancellation, and every effort will be made to take these situations into consideration.
- If you arrive late for your appointment and would still like to receive your massage at that time, the length of time for your session may be shortened based on the time you arrived, and full payment will still be due.
- Upon your arrival for your massage session, your therapist will show you to the treatment room and then discuss your goals for your treatment. Please mention all health issues and problem areas that you have. The therapist can best meet your needs if he/she understands them.
- Once your therapist has left the massage room, undress to your level of comfort. Your therapist has been trained to keep you modestly draped at all times, as your privacy and comfort are of utmost importance. Your therapist will knock on the door and ask if you are ready before entering the room.
- When your session is over, you will be left to dress in privacy. When you leave the room, please leave the door open and return to the waiting room area.

By signing and dating this form, below, you acknowledge your understanding of, and intent to comply with, the above stated policies. We hope your experience with us is a positive one and one that you will enjoy often!

Signature \_\_\_\_\_ Date \_\_\_\_\_