

Name _____ Phone (____) _____ DOB _____

Address _____ City _____ State _____ Zip _____

Email _____

check this box if you would like to receive text reminders the day before your appointment

Referred by _____

check this box if you would like to receive occasional emails with discounts and offers

Emergency contact _____ Phone (____) _____

Please circle any of the following health conditions which you have experienced within the last 2 years:

- | | | |
|---------------------|--------------------|-------------------------|
| Blood Clots | Frequent Headaches | Surgery |
| Varicose Veins | Arthritis | Numbness |
| Inflammation | Epilepsy/Seizures | Shooting/Stabbing Pains |
| Cancer | Osteoporosis | Broken Bones/Fractures |
| Diabetes | Swelling or Edema | Skin Disease/Infections |
| Heart Problems | Fibromyalgia | Heartburn/Acid Reflux |
| High Blood Pressure | Back Pain | Sinus Congestion |
| Migraines | Disk Herniation | |

Please explain any of the conditions circled above or any other injury or medical condition: _____

Are you pregnant? If yes, please answer the three questions in this box: How far along are you? _____					
Have you ever had a miscarriage?	Yes	No	Have you ever experienced pre-term labor?	Yes	No

Allergies: _____

How many professional massages have you received? None 1 – 5 5 -10 10+

Are there any areas you would like to focus on during your massage? _____

What are your goals for today’s treatment? _____

What kind of pressure do you prefer? Light Medium Firm Not sure

Consent for treatment:

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner’s part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____

Client Name: _____ Date of Birth: _____

Please be advised of the policies for this office. Your signature below signifies your acceptance of these policies.

Payment

Payment is due at the time of service unless other arrangements have been made prior to the time of service. Massage therapy sessions that are billed to insurance are billed at the rate of \$140.00 per hour and are billed in increments of 4 - \$35.00 units per hour session.

Cancellation

We require 24 hours prior notice of cancellation. For sessions scheduled less than 24 hours in advance, we require 4 hours prior notice of cancellation. No shows and cancellations that fail to meet these requirements will be charged full price for the services that were scheduled.

Tardiness

Please be on time to your appointment. If you arrive late to your appointment, we may not be able to extend your session beyond the scheduled time. In the case where we must shorten your session time, you will be liable for payment of the full price for the services that were scheduled.

Sickness

Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24 hour notice of cancellation period, the cancellation fee may be waived.

Intoxication

Receiving massage while intoxicated can be very dangerous to your health. Please do not come to your massage appointment while intoxicated. By signing below, you agree to inform your therapist if you are intoxicated and understand that there shall be no liability on the practitioner's part should you fail to do so. Also, if your therapists suspects that you are intoxicated, they will terminate the session, and you will be liable for full payment of the scheduled appointment.

Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____