

General Information		
Name: (Last)	(First, MI)	
Street Address:	Phone Numbers: (to confirm appointments) Home: Cell: Work:	Can we text you? <input type="checkbox"/> YES <input type="checkbox"/> NO
City, State and Zip		
Email Address: (please print clearly – we ask for it so we can email you receipts and a \$5.00 off birthday coupon during your birthday month)	Date of Birth: (MM/DD/YEAR)	
What is your occupation?	Please describe your work: (so we'll know how it affects daily stress to your body)	
Emergency Contact Information Name: Relationship: Phone number:	How did you hear about us? (if referred by another client, please let us know whom we can thank for the referral.)	

Concerning your visit here today
Is this your first massage? <input type="checkbox"/> YES <input type="checkbox"/> NO
If not, when was your last one? _____
How often do you receive massages? _____
Any special attention areas? (<i>i.e. restricted movement, general soreness areas</i>): _____
Results you would like you achieve today or over a period of time: _____
Overall, how do you want to feel when you leave today? (<i>i.e. energized, relaxed</i>): _____

General Health Questions
Do you currently have cold/flu symptoms? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently under a health practitioner's care? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has physical, occupational or massage therapy been administered for any condition? <input type="checkbox"/> YES <input type="checkbox"/> NO
Any accidents or injuries that have gone untreated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have body piercings? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, where are they located and how old are they? _____

General Health Questions Cont.- please indicate any conditions you had or currently have			
<input type="checkbox"/> Any cuts, bruises, or open wounds	<input type="checkbox"/> Osteoporosis	Is there anything else we should know about? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
<input type="checkbox"/> Any rashes or skin conditions	<input type="checkbox"/> Sprains or strains		
<input type="checkbox"/> Any allergies	<input type="checkbox"/> Arthritis or bursitis		
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Aching muscles or joints		
<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> Any numbness/tingling		
<input type="checkbox"/> Taking blood pressure meds	<input type="checkbox"/> Shingles		
<input type="checkbox"/> Any heart/circulatory conditions	<input type="checkbox"/> Difficulty sleeping or relaxing		
<input type="checkbox"/> Phlebitis/blood clots	<input type="checkbox"/> Chronic fatigue or malaise		
<input type="checkbox"/> Varicose veins	<input type="checkbox"/> Asthma		
<input type="checkbox"/> Easily bruise	<input type="checkbox"/> Chronic bronchitis		
<input type="checkbox"/> Taking/taken blood thinners	<input type="checkbox"/> Influenza		
<input type="checkbox"/> Dislocations	<input type="checkbox"/> <i>Women:</i> pregnant or trying		
<input type="checkbox"/> Broken/fractured bones	Due date: _____		
			Please Complete Side 2 → → →

It is understood that:

- * Massage therapy is an integral step to improved physical and mental health and in no way is meant to take the place of a physician's care.
- * Information provided during a massage session is educational and intended to assist you in becoming more aware of your personal health status. Please use this information at your own discretion.
- * Any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will assume full financial responsibility for the entire appointment time scheduled.
- * Because massage therapy may be inadvisable under certain medical conditions, I affirm that I have stated all known medical conditions, answered all questions honestly, and I agree to inform the practitioner as to any changes in my medical profile. I understand that if I am dishonest about my medical history, therefore putting my health at risk, I assume full responsibility and relinquish the massage therapist and the business of any and all liability.
- * If this is my first client/patient massage therapy appointment, procedures will be thoroughly explained to me regarding: length of massage, what to expect during draping, what my role is, the massage session in general, and any questions during or after the session.
- * I have been informed that drinking of alcoholic beverages after a massage may heighten the effects and is therefore not recommended.
- * I understand that the confidentiality of information is assured and will only be released upon my authorization.
- * Payment is due when services are rendered unless previous arrangements have been made.

This is how our massage therapists make their living, so kindly provide at least 24 hours' notice before your scheduled appointment to make a change or cancel. Failure to show without notice or call within said time will result in a \$25 fee. Thank You!

I have read and agree to the above policies, procedures, and fees:

Signature: _____

Today's Date: _____