



Name _____ Phone _____ DOB _____

Address _____ City/State/Zip _____ Occupation _____

Email _____ Date of Initial Visit _____

Emergency Contact _____ Phone _____

1. Have you had a professional massage before? Yes No

2. Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain _____

3. Do you have any allergies to oils, lotions, or ointments? Yes No

If yes, please explain _____

4. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort?

Yes No If yes, please identify _____

5. Do you have any particular goals in mind for this massage session? Yes No

If yes, please explain _____

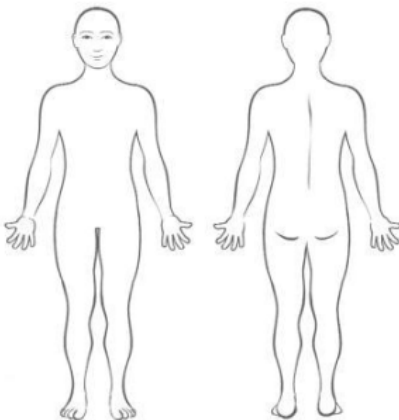
6. Do you want to receive a foot massage during the session? Yes No

7. Do you have any medical condition that your therapist needs to know prior to treating you? Yes No

If yes, please explain _____

Draping will be used during the session – only the area being worked on will be uncovered. Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed, written consent must be provided by parent or legal guardian for any client under the age of 17. I, (print name) _____ understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage 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 that I am aware of. I understand that massage therapists 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 given should be construed as such. Because massage 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client _____ Date _____



Circle any specific areas you would like the massage therapist to concentrate on during the session.



Cancellation Policy

Please arrive 5 to 10 minutes before your scheduled appointment. You may cancel your appointment without charge up to **24 hours in advance**. This gives us the opportunity to schedule another client for that appointment time. If you are unable to give us 24 hours notice, your card on file will be charged 50% of the session's value. If you do not show up for your appointment and fail to call you will be charged 50% for the missed appointment and full price for any missed appointments there after. We understand emergency situations occur, please let us know as soon as possible if you cannot make your appointment.

I understand and accept these terms: _____ Date: _____
(Client signature)

Print name: _____