

# Jon Musgrave

## Compassionate Structural Bodywork

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Currently Pregnant? \_\_\_\_\_ Contact Lenses? \_\_\_\_\_ Hearing Aid? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Have you received massage before? \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Medications: \_\_\_\_\_

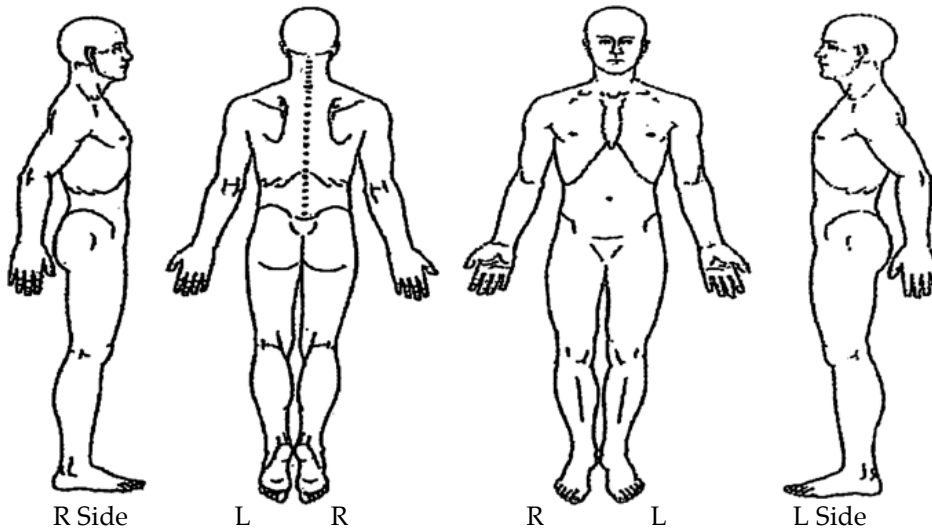
What are your objectives for today's session? \_\_\_\_\_

Are there any areas you would prefer to avoid today? \_\_\_\_\_

Any recent surgeries, injuries, or traumas (physical/emotional/etc.)? \_\_\_\_\_

Are you under a physician's care (MD, PT, DC, ND, etc.)? \_\_\_\_\_

Please indicate any areas you are currently experiencing pain or discomfort on the diagram below



Check the following conditions that apply for you, past and present.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Abdominal Pain</li> <li><input type="checkbox"/> Allergies (especially to oils, nuts, fragrances)</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Back Pain: <input type="checkbox"/> Upper <input type="checkbox"/> Mid <input type="checkbox"/> Lower</li> <li><input type="checkbox"/> Broken Bones</li> <li><input type="checkbox"/> Blood Clots</li> <li><input type="checkbox"/> Cardiac/Circulatory Condition</li> <li><input type="checkbox"/> Cancer</li> <li><input type="checkbox"/> Carpal Tunnel Syndrome</li> <li><input type="checkbox"/> Constipation/Diarrhea</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Fibromyalgia</li> <li><input type="checkbox"/> Headaches/Migraines</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Herniated Disk</li> <li><input type="checkbox"/> High/Low Blood Pressure</li> <li><input type="checkbox"/> Numbness/Tingling</li> <li><input type="checkbox"/> Insomnia</li> <li><input type="checkbox"/> Osteoarthritis</li> <li><input type="checkbox"/> Rheumatoid Arthritis</li> <li><input type="checkbox"/> Scoliosis</li> <li><input type="checkbox"/> Skin condition</li> <li><input type="checkbox"/> Strains/Sprains</li> <li><input type="checkbox"/> TMJ Dysfunction/Jaw Pain</li> <li><input type="checkbox"/> Varicose Veins</li> <li><input type="checkbox"/> Whiplash</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|--|---|

On-time and 24-hour Cancellation Policy

Balance Art Massage reserves time exclusively for you when you schedule a session. When we do this, it also means that time is no longer available for anyone else to utilize. Because of this, we ask that you acknowledge and respect our on-time and 24 hour cancellation policy. Your timely arrival is appreciated. As a courtesy to the next client, all sessions will end on time. Arriving late will reduce the length of your session. If you need to cancel or reschedule a session, we kindly request 24 hours notice. Less than 24 hours notice of cancellation will result in a charge of 50% of services reserved. Failure to provide notice of cancellation or cancellation within 2 hours of your scheduled appointment will result in a charge of 100% of services reserved. Please let us know in advance if you are feeling ill and are unsure if you will be able to make your session. Cases of emergency are assessed individually. As a courtesy to you, we will also provide advance notice if we are ill or in case of emergency.

Please take a moment to carefully read the following information and sign where indicated.

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation, education, and relief of muscular tension. 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. I have read and understand the cancellation policy listed above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Post-Session Notes

Subjective: \_\_\_\_\_

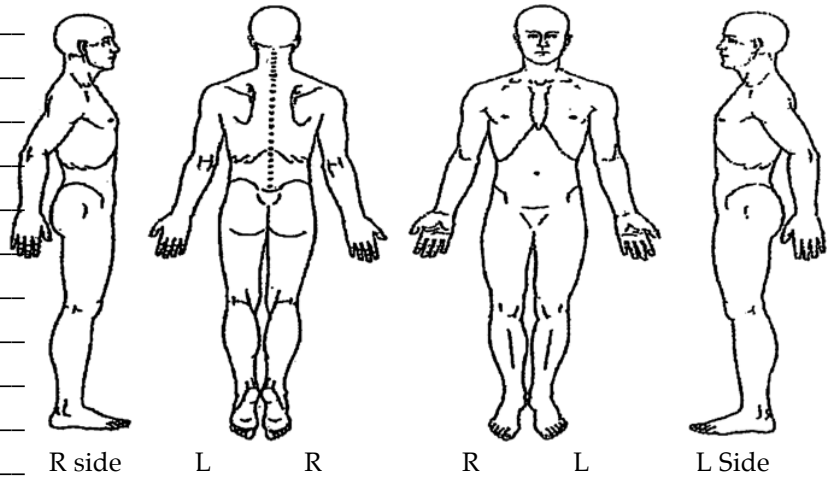
\_\_\_\_\_

Objective: \_\_\_\_\_

\_\_\_\_\_

Assessment: \_\_\_\_\_

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\_\_\_\_\_



Plan: \_\_\_\_\_

\_\_\_\_\_

Session Length: \_\_\_\_\_ Payment: \_\_\_\_\_