

Client Information Basics

Date: _____

Occupation: _____

Time: _____

Name: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Tel: _____ Email: _____

Birthdate: _____ Referred by: _____

Any previous massage? How many: _____

Reason for a massage today: _____

Circle Yes or No to ALL that apply:

Allergies	Yes	No	HBP/LBP	Yes	No
Arthritis	Yes	No	Infectious Condition	Yes	No
Back Problems	Yes	No	Inflammation	Yes	No
Blood Clots	Yes	No	Insonima	Yes	No
Bruising	Yes	No	Joint Problems	Yes	No
Cancer	Yes	No	Phlebitis	Yes	No
Cramping	Yes	No	Pregnancy	Yes	No
Depression	Yes	No	Sciatica	Yes	No
Epilepsy	Yes	No	Sinus Issues	Yes	No
Fatigue	Yes	No	Skin Issues	Yes	No
Headaches	Yes	No	Ticklishness	Yes	No
Heart Conditions	Yes	No	Varicose Veins	Yes	No

Explanations or other conditions:

Recent Surgeries:

Medications you are CURRENTLY taking:

Current injuries, illness or condition requiring special attention or care within 6 months: _____

Indicate with an X on your present level of:
Health: Low..... High
Energy: Low..... High
Stress: Low..... High

Please let your LMT know if you have any areas of *Tension, Pain, or Chronic Distress.*

Signature: _____

Consent Agreement

Please Initial

_____ I understand that the massage given to me by _____ is for the purpose of (stress reduction, pain reduction, and relief from muscle tension, increasing circulation, or specific reasons stated here.)

_____ I understand that the massage therapist does not diagnosis illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.

_____ I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.

_____ I have stated ALL my known physical conditions and medications, and I will keep the massage therapist update on any changes (big or small).

Signature: _____

Date: _____

Policy Agreement

I understand that unanticipated events occur. Car problems, traffic considerations, business meetings and projects deadlines affect our daily lives and can interfere with a massage appointment. In my commitment to provide an outstanding massage experience to all of my clients and out of consideration for my own time, I have adopted the following policies:

Please Initial

Your Massage Appointment

Please be available for your appointment 10 minutes prior to the scheduled start time. Your massage therapist will arrive 10-15 minutes prior to your appointment start time in order to set up your massage space and allow time for a consultation and for you complete any new client forms.

If late arrival is inevitable, your service may be shortened in order to keep on schedule. The original treatment time will be charged.

Cancellation Policy

Please provide 24 Hour notice if you need to reschedule or cancel a session. This gives your massage therapist enough time to fill the appointment.

Late Arrival Policy

Unfortunately, we cannot always provide late arrivals with extension of scheduled appointments. In special cases we may be able to accommodate a partial or full appointment. This will be at our discretion and only with proper, advanced notification of your late arrival. This full service will be charged.

No Show Policy

Upon finding that a client is absent from their appointment, the therapist will attempt to contact the client and will remain at the appointment for 15 minutes. After this time, the appointment will be considered a "NO SHOW" and the client will be charged a full fee for the service scheduled and will be asked to prepay for future services.

Signature: _____

Date: _____

Payment Agreement

Please Initial

I accept cash, credit cards (VS/Disc/MC/AMEX) and checks *after* the session.

If you refer a New Client to me, You will receive a 30 Minute Massage. The more times you refer someone, the more you get!

Services, Prices & Packages are subject to change.

Sign below if you **agree** with the Consent Agreement, Policy Agreement and Payment Agreement. Enjoy your session!

Signature: _____

Date: _____