

### Client History

Name (PLEASE PRINT): \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street City State

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_ Evening Phone # (\_\_\_\_) \_\_\_\_\_

Occupation / Work Environment / # of hours: \_\_\_\_\_

How did you hear about our healthcare provider services? \_\_\_\_\_

Have you ever received a professional massage or other bodywork? Yes No

If yes, what type(s)? \_\_\_\_\_  
\_\_\_\_\_

Do you have a medical condition we should be aware of? (*This includes any major illness, past or present, injuries, tender spots and scars*). Yes No

If yes, please describe: \_\_\_\_\_

Be advised that prescription drugs alter the internal environment of the body. We suggest that you consult with your primary physician on the interaction of massage with any drugs you are currently taking.

Do you wear contact lenses? Yes No

Are you allergic to any skin oils or lotions? Yes No

If yes, what type(s)? \_\_\_\_\_

Are you involved in any regular exercise program? Yes No

What type? \_\_\_\_\_ How often? \_\_\_\_\_

## Client Agreements

### The Basics:

- No perfumes, scents, etc; good personal hygiene required.
- Not under the influence of drugs or alcohol.
- Cell phones off; if a call must be taken/made, let therapist know beforehand.
- The client is responsible for personal belongs.
- Control of pressure rests with the client; clients may ask for less pressure, may end massage session if uncomfortable.

### Business Policies:

- **24-hour minimum notice of cancellation** or \$10 fee is levied.
- A confirmation call from the therapist is solely a courtesy; the client is responsible for keeping his/her appointment with or without a confirmation call.
- The client will inform the massage therapist of all my known medical conditions.

### Please initial EACH statement:

\_\_\_\_ The massage offered by the therapist is for therapeutic purposes only. Therefore, any sexually implicit behavior will result in the immediate termination of the session for which no refund will be given. Furthermore, I will relinquish my privilege of being a client of the therapist.

\_\_\_\_ The therapist does not diagnose illness, disease, or any physical or mental disorder; does not prescribe medical or pharmaceutical treatment; and does not do spinal manipulations. This massage is not a substitute for medical care by licensed health care providers.

\_\_\_\_ Any client under 18 is required to have a parent/guardian present during the massage.

I accept all the above policies: \_\_\_\_\_

Client's Full Signature