

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you ever had a massage before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last massage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pregnant? \_\_\_\_\_\_\_\_\_\_\_\_ If so, how many weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on any medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please review and check any that apply:

\_\_\_\_\_ Arthritis \_\_\_\_\_ Headaches \_\_\_\_\_ Whiplash

\_\_\_\_\_ Diabetes \_\_\_\_\_ Depression/Anxiety \_\_\_\_\_ Hepatitis (A, B or C)

\_\_\_\_\_ High/low blood sugar \_\_\_\_\_ Heart conditions \_\_\_\_\_ Scoliosis

\_\_\_\_\_ Bruise easily \_\_\_\_\_ TMJ \_\_\_\_\_ Skin Conditions

\_\_\_\_\_ Cancer \_\_\_\_\_ Auto-immune disease \_\_\_\_\_ Muscle Sprain/Strain

\_\_\_\_\_ Blood clots \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the massage and bodywork received is for the purpose of relaxation, stress relief and muscular tension. If I experience any discomfort or pain during the session, I will immediately notify the massage therapist. I understand that any illicit, sexual advances or suggestive remarks will end my session and I will still be responsibility of payment in full. I understand that the therapists time is important and will give a 24-hour notice of cancellation of booked session. I understand that prepaid sessions are nonrefundable and never expire.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_