

CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (h): _____ (w) _____ Date of Birth: _____

Employer: _____ Occupation: _____

Emergency contact: _____ Phone: _____ Relationship: _____

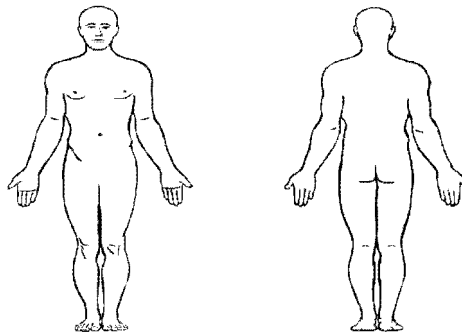
Referred by: _____ e-mail: _____

Is this your first professional massage? _____ If no, how frequently do you get a massage? _____

What do you hope to accomplish from today's massage? _____

Are you aware of any tension holding spots in your body? _____

Please indicate where in you experience pain in the drawing below.



Are you currently experiencing any of the following conditions?

_____ Flu or Cold _____ Inflammation _____ Fever _____ Infection _____ Contagious Disease

Describe any surgeries, hospitalizations, accidents or injuries you have had:

Less than 5 years ago: _____

More than 5 years ago: _____

What kind of care did you receive for your accidents or injuries? _____

Do you feel that you have recovered from these events? _____ Please explain: _____

Do you have any chronic, ongoing pain that you deal with on a regular basis? _____

Please explain: _____

Describe what activities cause this pain and/or make it worse: _____

Are you receiving any other type of medical treatment? _____ Please explain: _____

Please list any medication (vitamins, herbs or pharmaceutical) taken now or at regular intervals (include explanation of what medication is used to treat): _____

Are you currently under the care of a physician? _____ Whom? _____

Please list reason(s): _____

Are there any other health concerns you wish to discuss today? _____ If yes, please describe: _____

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental or emotional changes that occur with my health. I also understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) may be charged in full for the price of the missed session.

Signature: _____ Date: _____

Scheduling Policy

Please understand that other clients may be competing your for your appointment time. In order to be courteous to them and me. This policy has been put in place. Failure to provide proper notice will result in a charge of the scheduled services. In my desire to be effective and fair to all clients, the following policies are honored:

- **24 hours preferred or prior to 6:00 pm on the close of business day before your scheduled appointment.**
- **Same day cancellation charged 50%. No call/no shows charged 100% of your scheduled service.**
- If you have a gift certificate or loyalty package these will be redeemed to cover missed appointments or **unpaid fees will have to be paid before future appointments are made.**
- **Repeat cancellations at the last minute or failure to show for appointments may be asked to secure future appointments with credit card.**
- Late arrivals – arriving late may require shortening your session in order to accommodate other whose appointments follow yours. Depending upon how late you arrive your therapist will determine if there is enough time remaining to start a session. Regardless of the length of the session actually received, you will be responsible for the “full” session. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time.

Last minute illnesses and emergencies happen. If you are not feeling well, have a fever, had recent hospitalization, been experiencing vomiting/diarrhea within 24 hour of your schedule appointment and have reoccurrence within 2 hours of your scheduled massage, or your children are sick. Please cancel. Should weather conditions occur, I prefer that you be safe and do not risk driving. There will be no charge for these conditions.

When you receive your appointment reminders this is a great time to notify of any changes to prevent future charges.

Client Signature _____ Date _____