

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone- Mobile: _____ If you do not wish to receive reminder and confirmation texts, check here. Home: _____

Email Address: _____ If you do not wish to receive reminder and confirmation emails, check here.

Gender (male or female): _____ Height (feet & inches): _____ Weight (pounds): _____

Occupation: _____ Referred by: _____

Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Massage Experience

1. Have you had a professional massage before? No Yes, specify _____
2. Do you have any allergies to oils, lotions, or ointments? No Yes, specify _____

Your Health

3. Are you pregnant? No Yes - We cannot massage anyone that is pregnant unless we have a statement from the client's medical provider that it is a low risk pregnancy and that Swedish massage is permissible.
4. Do you perform any repetitive movements in your work, sports, or hobby or do you sit for long hours? No Yes, specify _____

5. Are you experiencing tension, stiffness, discomfort, pain, or areas of inflammation? No Yes, specify _____

6. Have you had any recent surgery (including cosmetic), injury, motor vehicle accident? No Yes, specify _____

7. Have you been under the care of a physician, dermatologist, or other medical professional within the past year? No Yes, specify _____

8. Do you have sensitive skin or sensitivity to touch or pressure in any area? No Yes, specify _____

9. Are you currently taking medications including over the counter drugs/herbal supplements? No Yes, specify _____

Because massage/bodywork services should not be performed under certain medical conditions/symptoms, a referral from the client's medical provider may be necessary prior to service being rendered.

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10. Have you had any of these health conditions in the past or presently? (Please check all that apply and explain in space provided below.)

Circulatory

- Heart problem
- Phlebitis/Varicose veins
- Blood clots
- Blood clotting abnormalities
- High/Low blood pressure
- Lymphedema
- Thrombosis/Embolism

Respiratory

- Asthma
- Emphysema
- Respiratory allergies
- Sinus problems

Other

- Diabetes
- Vision problems
- Hearing problems
- Any medical condition(s) not listed _____

Musculoskeletal

- Bone or joint disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw pain (TMJ)
- Spinal problem/injury
- Osteoporosis

Immune

- Lupus
- Skin allergies
- Herpes/Cold sores
- Rashes
- Athlete's foot
- Shingles
- Hepatitis
- HIV/AIDS
- Immune disorder
- Cancer/Tumors

Nervous

- Migraines/Headaches (chronic)
- Numbness/Tingling
- Pinched nerve
- Chronic pain
- Paralysis
- Multiple Sclerosis
- Parkinson's Disease
- Epilepsy
- Seizure disorder
- Mental health disorders
- Anxiety/Stress syndrome

Digestive/Urinary

- Colitis
- Crohn's Disease
- Ulcers
- Bladder/Kidney ailment
- Irritable Bowel Syndrome

Please use this space to complete any answers where space was insufficient. (Please include the number of the question.) _____

Because massage/bodywork services should not be performed under certain medical conditions/symptoms, a referral from the client's medical provider may be necessary prior to service being rendered.

PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING INFORMATION AND SIGN WHERE INDICATED.

Massage/bodywork therapy practices are designed to promote and maintain the health and well-being of the client. I understand that the service will be provided by a **STUDENT** of massage/bodywork and that the practitioner is not yet as proficient, experienced, or trained in all of the techniques a licensed massage therapist would be expected to know. If I experience any pain or discomfort during any session, I will immediately inform the practitioner so that adjustments can be made to my level of comfort.

Because massage/bodywork should not be performed under certain medical conditions/symptoms, I affirm that I have stated all my known medical condition/symptoms and answered all questions honestly. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosure. I understand that withholding information or providing misinformation may result in contraindications from services received. I understand that a referral from my medical provider may be necessary prior to service being rendered. 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 further understand that massage or 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 that I am aware of. 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 given should be construed as such.

I also understand that any illicit or sexually suggestive remarks or advances made by me or attempts to expose myself will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I understand that there is no implied or stated guarantee of success or effectiveness of services. The treatments I receive here are voluntary and I release this institution and/or practitioner from liability and assume full responsibility thereof.

Signature of Client: _____ Date: _____

Printed Name of Client: _____

Consent to the treatment of a minor: By my signature below, I hereby authorize the practitioner to administer a massage/bodywork treatment to my child or dependent as they deem necessary. (Must be signed in person.)

Signature of Parent or Guardian: _____ Date: _____

Printed Name of Parent or Guardian: _____

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Service Appointment Policies

In an effort to make each visit with us excellent we have the following policies in place:

1. We do our best to accommodate student requests. However, if a requested student is absent, your appointment will be scheduled with another student therapist of the same gender.
2. Appointment changes and cancellations are welcome, provided a 2-hour notice is given, to avoid being charged the full service price. This includes changes in services requested.
3. If you are late for your scheduled appointment, you have two options as a valued client:
 - a. Your student therapist can still provide your service, however, you may not receive the entire service you were scheduled for. Together you will determine what portion of your service you may not have time to complete. However, you will be charged for your full scheduled appointment.
 - b. We can reschedule your appointment, however, we may ask you to prepay for future appointments.
4. If a client does not show up for a scheduled appointment and has not cancelled the appointment with at least 2 hours' notice, we will not be able to hold any future appointments for that client, unless they pay in advance for their next appointment.
5. Clients that prepay for an appointment and do not show up or cancel with less than two hours' notice will forfeit payment.
6. As a courtesy to other clients, mobile devices, pets, children and other guests are not permitted during your service. (Special needs considerations made.)

I have read this policy, understand it, and agree to abide by it.

Signature of Client: _____ Date: _____

Printed Name of Client: _____

Thank you for your business and the opportunity to serve you. Did you know that your paid services help our students graduate debt free? It's true! And it's all thanks to you! If you are happy with your service, please tell a friend. If you are not, tell us. We are committed to making it right.