

## MASSAGE THERAPY HEALTH SCREEN & INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Referred by \_\_\_\_\_

### **Physical/Medical History:**

Are you presently under a doctor's care? \_\_\_\_\_

If so, for what? \_\_\_\_\_

\_\_\_\_\_

Please list surgeries, injuries, or other medical conditions (allergies, headaches, etc.) Use the back of this page if needed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Massage Information:**

Have you received professional massage therapy in the past? \_\_\_\_\_

What do you hope to gain from massage? Reason for your visit (relaxation, pain relief) \_\_\_\_\_

Is there any area where you would like extra time spent? \_\_\_\_\_

\_\_\_\_\_

Any areas to stay away from (face, feet, stomach)? \_\_\_\_\_

## POLICIES, CANCELLATION & PAYMENT

### PLEASE READ

#### Early Arrival / Late Policy:

If you arrive early for your appointment please extend the courtesy of waiting until your scheduled time to come in.

If you arrive late for an appointment your session will end on time so that I am punctual for my next client.

#### Cancellation / Rescheduling:

The cancellation of one appointment has an impact on my livelihood due to the low volume of my practice where I am treating one person at a time requiring 1 1/2 to 2 hours or more. Please allow a minimum of 48 hours notice if you must cancel or reschedule. If less than 48 hours notice is given when not keeping your appointment **full payment is due**.

#### Payment:

Payment is due at the time of service by check, Zelle or cash.

**I have read** and agree to the above policies\_\_\_\_\_

I understand that massage therapists are not trained in the diagnosis and treatment of diseases. I confirm that I have consulted a medical doctor for all the conditions listed and have received authorization to have massage. I understand that this work does not constitute medical treatment. It is a form of health maintenance and wellness utilizing the techniques of traditional Swedish massage. The therapist may refuse service at any time. By signing this release, I do hereby waive and release the massage therapist from all liability, past, present and future.

Signature\_\_\_\_\_Date\_\_\_\_\_

In case of emergency contact:

Name:\_\_\_\_\_

Phone:\_\_\_\_\_

Relationship:\_\_\_\_\_