

## Personal Information

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email  Please email me with any promotions and discounts.

Occupation (If retired, what did you do?) \_\_\_\_\_

Emergency contact and phone \_\_\_\_\_

## Massage Intention

Reason for initial visit: \_\_\_\_\_

\_\_\_\_\_

Are you experiencing any pain?  Yes  No

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

\_\_\_\_\_

Have you had a professional massage before?  Yes  No

Do you have any allergies to oils, lotions or ointments?

Yes  No If yes, which ones: \_\_\_\_\_

Are you comfortable with having therapeutic massage in the following areas? (If you are unfamiliar with any of the areas listed below, please ask your therapist to describe/explain the work done in these areas.)

Face  Yes  No

Scalp  Yes  No

Pectoral Muscles  Yes  No

Abdomen  Yes  No

Gluteal Region  Yes  No

Feet  Yes  No

Are there any areas you would like the therapist to avoid?

\_\_\_\_\_

## Body Health & History

Are you currently being seen by a physician for any medical health issues?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications?  Yes  No

If yes, which ones: \_\_\_\_\_

\_\_\_\_\_

Are you taking any blood thinners?  Yes  No

If yes, Have you been cleared by your doctor for massage?

Yes  No

Are you currently using marijuana?  Yes  No

Are you currently using CBD with THC?  Yes  No

Have you had any surgeries?  Yes  No

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

\_\_\_\_\_

Are you currently pregnant?  Yes  No

Do you have arthritis?  Yes  No

If yes, where \_\_\_\_\_

\_\_\_\_\_

Do you have any other issues in you body that you would like to discuss with the therapist?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you had Covid  Yes  No

If yes, When? \_\_\_\_\_

If yes, Where you hospitalized?  Yes  No

Are you military?  Yes  No

If yes, thank you for your service. We will ad a military discount during checkout.

# Not So Fine Print

## Scope of massage, bodywork, and treatment: *(Please read and initial below.)*

- \_\_\_\_\_ I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension.
- \_\_\_\_\_ If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.
- \_\_\_\_\_ I understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment. I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am concerned.
- \_\_\_\_\_ 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 understand that massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.
- \_\_\_\_\_ 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 understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of the scheduled appointment.

## Payments and Cancellation Fees: *(Please read and initial below.)*

- \_\_\_\_\_ I understand that appointments are reserved with a major credit card and that my card is not charged until after the massage has been completed. Gift certificates can be used in lieu of a credit card and are redeemed at the end of the massage session.
- \_\_\_\_\_ I understand that if I arrive late, my session will end at the originally scheduled time to avoid schedule conflicts. My appointment will be canceled if I arrive 15 minutes or more after my appointment start time and my card will be charged half of the standard appointment fee. If I have reserved the appointment with a gift certificate, it will be redeemed for its full value.
- \_\_\_\_\_ I understand that cancellations can be made online or by phone (not by text or email). If I need to reschedule my appointment, I will notify Spirit & Body Massage a minimum of 24-hours in advanced, not doing so will result in my card being charged half of the standard appointment fee. If I have reserved the appointment with a gift certificate, it will be redeemed for its full value.

*I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential, I hereby give my consent to receive massage services and/or other bodywork or treatment.*

\_\_\_\_\_  
Client or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Date