



Have you ever had any of the following? Please circle and list from earliest to latest.

(Use back of page if needed.)

**HOSPITALIZED and/or SURGERIES
ACCIDENTS and/or INJURIES
BROKEN and/or DISLOCATED BONES?**

What hobbies, activities, or recreation do you participate in? _____

Have you received massage before and when your last massage was? _____

What are your expectations of this massage? _____

_____ Check if you want to OPT-OUT of my discount coupons or any type of mailings from me. I do not give out addresses.

PLEASE READ AND SIGN:

Massage is provided for the basic purpose of relaxation, stress reduction, and relief of muscular tension. Massage services are designed to be a health aid and in no way are meant to take the place of a physician's care or orders. All information exchanged and given at intake and the massage are kept confidential.

Because massage should not be preformed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly and I understand that it is my responsibility to keep the massage therapist updated as to any changes in my medical profile.

I also understand that:

- Any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and will be held liable for complete payment of scheduled appointment.
- Payment is due when services are rendered unless other arrangements have been made prior to your appointment. Cash or checks accepted. (Returned Checks will be charged a \$100.00 processing fee and court fees).
- I will give 24-hour notice if I cannot keep an appointment and if 24-hour notice is not given I will be held liable for full payment of scheduled appointment.
- Client is responsible for full payment if insurance does not pay for treatment. Arrangements with insurance must be made prior to appointment.

SIGNATURE: _____ DATE: _____