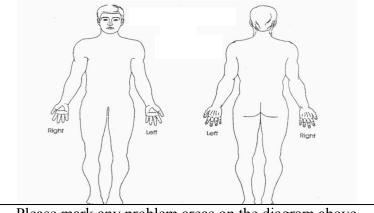


Name	Date of Birth	
Address	Occupation	
	Phone Please circle.	
	Cell Home	
Emergency Contact	Emergency Contact Numb	ber
Phone Call (preferred number)		
Text Message (preferred number)		
Would you like to be added to our entire informative newsletters? Please circle		coupons, and
YE	S NO	
Email		

How did you hear about us? □ Friend/Relative Name:			
□ Google □Yelp □Newspaper □Radio			
□Road Sign □ Mail Coupon			
□ Other-please specify:			
Have you ever had massage therapy before? Y N			
You came today for: therapy, pain relief, relaxation, other:			
Sports, exercise, or other physical activity or hobbies:			
Are you on any medications? Please specify:			
Please list any injuries, surgeries, or general health conditions:			
Are you or do you think you might be pregnant? Y N			
Due Date:			
Are you 70 years of age or older? Y N			
Are you or have you ever served in the armed forces? Y N			
Are you a student? Y N			



Please mark any problem areas on the diagram above.

Massage Therapy Terms

Cancellation Policy/Fees

- If you fail to call before cancelling an appointment **or** give less than 6 business hour notice of cancellation, you will be billed the **full price** of the treatment scheduled. This time was specifically reserved for your appointment, so the courtesy of 24 hour notice for cancellation or rescheduling is appreciated.
- When cancelling packages, couples massages, 90 minute massages or large group appointments, a minimum of 6 **business** hour notice is required, otherwise you will be billed full price. If it is a morning appointment, we must receive your call by the afternoon before to avoid the fee.
- Bounced checks will incur a \$25.00 fee for which a bill will be sent.

Treatment Policies and Etiquette

- These policies are in place for your personal protection as well as for the professional dignity of the therapist. You will receive personal instructions on what clothing to remove and how to prepare for the treatment. Please follow those instructions as well as the guidelines that follow:
 - Always wait for the therapist to leave the room before getting undressed. Keep a lower undergarment on and cover yourself with the sheet as instructed. You will not be exposed by the therapist during the treatment, and should not attempt to expose yourself. Please do not get off the table at the end of the treatment until the therapist has left the room.
 - At no time will any sexual comments, suggestions, activities, or requests be tolerated. If this term is violated, the therapist has the right to end the session, full payment is required, and no further treatments will be scheduled. This is a zero tolerance policy.

I have read and agree to the above terms:	
Sign:	Date:
Print:	