



<hr/> <p>Name</p>	<hr/> <p>Date of Birth</p>
<hr/> <p>Address</p> <hr/> <hr/>	<hr/> <p>Occupation</p> <p><b>Please circle.</b></p> <p>Cell    Home</p>
<hr/>	<hr/> <p>Phone</p>
<hr/> <p>Emergency Contact</p>	<hr/> <p>Emergency Contact Number</p>

How would you like to receive your complimentary appointment reminder?  
**Answer all that apply.**

<hr/> <p>Phone Call (preferred number)</p>
<hr/> <p>Text Message (preferred number)</p>

Would you like to be added to our email list for specials, coupons, and informative newsletters? **Please circle.**

YES      NO

Would you like to receive email confirmations for your appointments?  
**Please circle.**

YES      NO

<hr/> <p>Email</p>
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**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:

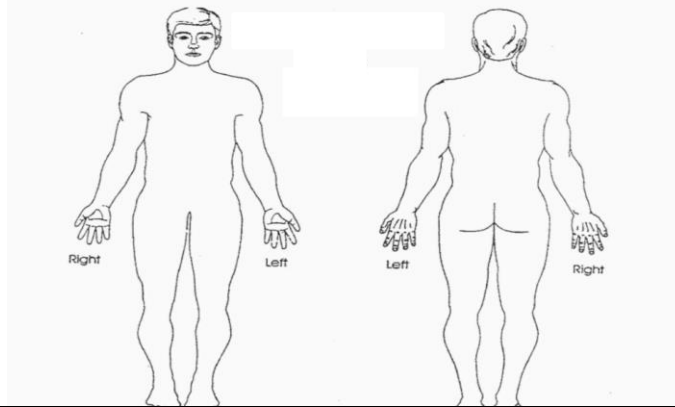
\_\_\_\_\_  
**Are you or do you think you might be pregnant?**    Y    N

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

- Your appointment time was specifically reserved for you, so the courtesy of 24 hour notice for cancellation or rescheduling is appreciated.
  - For all new clients, appointments over 90 minutes, couples, and packages; if you fail to give less than 6 business hour notice of cancellation, you will be billed the full price of the treatment scheduled. If it is a morning appointment, we must receive your call by the afternoon before to avoid the fee.
  - For all existing clients; if you fail to give less than 1 business hour notice of cancellation, you will be billed the full price of the treatment scheduled. If it is a morning appointment, we must receive your call by the end of the prior business day to avoid the fee.
- Phone call, e-mail, and text message reminders will be provided as a courtesy to you. If you opt out of phone call reminders; please be aware that an automated system sends our e-mails and text messages and we cannot guarantee their reliability; it is your responsibility to remember your scheduled appointments. You can update your reminder method with our front desk staff at any time if your preferences change.
- 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: \_\_\_\_\_