



Massage Client Form

Today's Date: _____

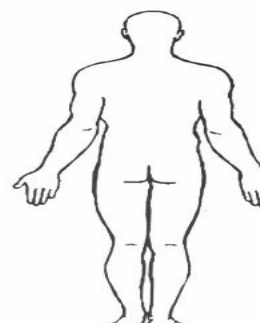
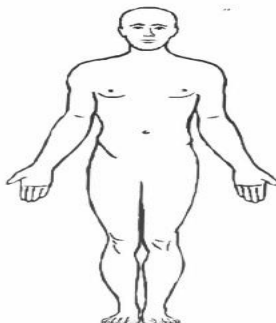
General Information

Name: _____ Date of Birth: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Telephone: _____
 Emergency Contact: _____ Telephone: _____
 How did you find out about our office? _____
 Email Address: _____

Are you in good health? Yes No
 If no, explain: _____
 Have there been any changes to your health in the past year? Yes No
 If yes, explain: _____
 Are you or have you ever been a GYM MEMBER of Brielle Sports Club? Yes No

MARK APPROPRIATE STRESS ZONES:

- X = PAIN
- O = TENSION
- I = INJURY
- ~ = EXTRA ATTENTION



If you answer "YES" to any of the following questions, please explain in the space provided on the back.

| | |
|---|---|
| Are you currently taking any medication? <input type="radio"/> Yes <input type="radio"/> No | Do you suffer from stress? <input type="radio"/> Yes <input type="radio"/> No |
| Are you pregnant? <input type="radio"/> Yes <input type="radio"/> No | Do you bruise easily? <input type="radio"/> Yes <input type="radio"/> No |
| Do you suffer from allergies? <input type="radio"/> Yes <input type="radio"/> No | Do you have any blood disorders? <input type="radio"/> Yes <input type="radio"/> No |
| Do you suffer from arthritis? <input type="radio"/> Yes <input type="radio"/> No | Do you have a heart disorder? <input type="radio"/> Yes <input type="radio"/> No |
| Do you have uncontrolled blood pressure? <input type="radio"/> Yes <input type="radio"/> No | Are you on any over the counter medications? <input type="radio"/> Yes <input type="radio"/> No |
| Do you have varicose/spider veins? <input type="radio"/> Yes* <input type="radio"/> No | Do you wear contact lenses? <input type="radio"/> Yes <input type="radio"/> No |
| * If yes, where? _____ | Do you have any other injury that your therapist should be aware of? <input type="radio"/> Yes <input type="radio"/> No |
| Have you ever had surgery? <input type="radio"/> Yes <input type="radio"/> No | If yes, where? _____ |
| If yes, explain: _____ | |
| Have you ever had a massage before? <input type="radio"/> Yes <input type="radio"/> No | |
| If yes, when was your last massage _____ | |

PLEASE TURN OVER

If there is anything that you feel your therapist should know, please use the following space to explain:

INFORMED CONSENT:

The above information is accurate to the best of my knowledge, and I give my permission to receive massage therapy. I agree to inform the therapist of any experience of pain during the session. I understand that this is not a medical treatment and this session is not a substitute for any medical diagnosis, treatment or examination. I further understand that massage will be administered at the discretion of the therapist and any medical condition contraindicated to massage will disqualify me from receiving a massage unless a doctor's note is furnished.

By signing this form, I agree to acknowledge and adhere to the massage policies below:

- **Conduct:** No inappropriate comments or conduct will be tolerated, and any indication of such will automatically end the session and the patient will be charged in full.
- **Cell phones:** We thank you in advance for not making or answering any calls until you have left our office.
- **Attire:** Please try to remove as much jewelry and accessories as possible prior to arriving for your appointment, this will ensure you receive the fully allotted time.
- **Hygiene:** It is expected, and greatly appreciated, that you arrive for your appointment after having showered.
- Both patient and the therapist have the right to end massage session at any time if any of the above are not adhered to.
- **CANCELLATION/RESCHEDULE/LATE POLICY:** A minimum of 24 hours notice is required to cancel or reschedule a massage. Clients giving less notice will be charged 50% of their massage fee. Any client who gives NO notice, and does not show up will be charged the FULL AMOUNT of their scheduled massage*. In the event a client should arrive late, every attempt will be made to allot the full time of your massage. However, if we cannot accommodate you, that time will be taken off your massage and you will still be charged for the full appointment. We have the right to deny clients who arrive excessively late.

Message Recipient's Signature

Date

Therapist's Signature

Date

*Scheduled massage time includes consultation with the massage therapist and dress time.