



Brielle
Integrated Healthcare

Massage Client Form

Today's Date: _____

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

Are you in good health? Yes No

If no, explain: _____

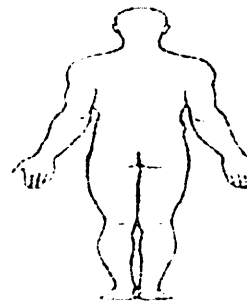
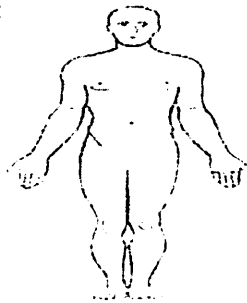
Have there been any changes to your health in the past year? Yes No

If yes, explain: _____

Are you or have you ever been a GYM MEMBER of Eastpointe Health and Fitness? 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? Yes No

Are you pregnant? Yes No

Do you bruise easily? Yes No

Do you suffer from allergies? Yes No

Do you have any blood disorders? Yes No

Do you suffer from arthritis? Yes No

Do you have a heart disorder? Yes No

Do you have uncontrolled blood pressure? Yes No

Are you on any over the counter medications? Yes No

Do you have varicose/spider veins? Yes* No

Do you wear contact lenses? Yes No

* If yes, where? _____

Do you have any other injury that your therapist

Have you ever had surgery? Yes No

should be aware of? Yes No

If yes, explain: _____

If yes, where? _____

Have you ever had a massage before? Yes 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.

Massage Recipient's Signature

Date

Therapist's Signature

Date

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