Massages with Purpose
... Where Healing Begins

GINGER TAYLOR. LMT
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PATIENT INFORMATION: Today's Date: _____

Name: _____ Home/Cell Phone: _____

Address: _____ City/State/ Zip _____

Occupation: _____ Date of Birth: _____

E-mail:_____ Referred By: _____

Emergency Contact Person: _____ Phone: _____

When was your last professional massage? _____ Do you consent to: Aromatherapy Y__ N__ / Hot Stones Y__ N__

What massage pressure do you prefer? Light ___Medium___ Firm ___ Other Information: _____

Please list your **GOALS FOR THIS SESSION** and areas of tension, stress and/or pain you wish to be addressed:

_____

Please list any **surgeries, injuries, broken/ dislocated bones, or scars** (Please include dates or year):
(1) _____ (2) _____
(3) _____ (4) _____

HEALTH INFORMATION:

Please mark a **(C) by all current conditions** and **(P) for all past conditions**:

__ HIV __ AIDS
__ Hepatitis: __ A __B ___C
__ Carpel Tunnel
__ Spinal disorders/ __Spinal Injuries
__ Epilepsy / __Seizures
__ Psoriasis/ __Eczema
__ Pregnancy
__ Athletes foot / Rash / Fungus
__ Blood clots / __Use Blood Thinners
__ Cancer: __ Active __Remission
__ Chemotherapy/ __Radiation Treatment
__ Tension/ Stress / Anxiety __PTSD
__ Depression / __Fatigue
__ TMJ
__ Fibromyalgia
__ Chronic pain
__ Headaches / __Migraines
__ Bruise Easily
__ Hemophilia
__ Digestive Disorders
__ Leg Cramps
__ Lymph Nodes Removed
__ Muscle Pain
__ Arthritis / __Joint pain
__ Whiplash (Date: _____)
__ Iodine Allergy
__ High / ___Low blood pressure
__ Stroke / __History of Stroke
__ Circulatory / ___Heart Condition
__ Pace Maker
__ Neuropathy / Numbness/tingling
__ Inserted Port

__ Bulging Disc(s) / Ruptured Disc(s): → List Discs involved _____
__Neurological Disorders/ Symptoms: → Please list/explain _____
__Brain Injury: Date of Occurrence _____

**OTHER HEALTH INFORMATION: _____

YOUR APPOINTMENT TIME:
This time is set aside for you. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time. As a sole business owner, Ginger is unable to absorb the losses for missed appointments, no-shows, or appointments cancelled within a 24 hour period of the scheduled appointment. Ginger is often scheduled out 2 weeks in advance, earlier cancellations allow her to move clients in need into those advanced notice cancelled spots, but less than 24 hour notice, or same day cancellations, can be impossible for Ginger to fill the appointment while she is working that same day.

24 hour Cancellation Policy, advance notice is required when cancelling an appointment. We understand that unanticipated events happen occasionally in everyone's life. It is our desire to be effective and fair to all clients. Advanced notice allows the opportunity for someone else to schedule an appointment. If you are unable to give your therapist 24 hours advance notice you will be charged the **full amount** of your appointment. This amount must be paid prior to your next scheduled appointment.

No-shows
Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged for their "missed" appointment at the **full amount**.

Late Arrivals
If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the "full" session**.

CLIENT SIGNATURE _____ **DATE** _____

I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform my health care provider and massage therapist if anything changes in my status. I understand that massage/bodywork I receive is for the purpose of stress reduction and the relief from muscular tension, spasm or pain and to increase circulation. If I experience any pain or discomfort, I will immediately inform my massage therapist so that the pressure and/or methods can be adjusted to my comfort level.

I understand that Sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated and will result in **immediate termination of the session**, and I will be **liable for full payment** of the scheduled appointment.

I understand that my massage therapist does not diagnose illness or disease, nor perform any spinal manipulations, and does not prescribe any medications/treatments. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services.

I understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

CLIENT SIGNATURE _____ **DATE** _____