Massages with Purpose
... Where Healing Begins

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PATIENT INFORMATION: **Today's Date:** _____

Name: _____ Home/Cell Phone: _____

Address: _____ City/State/Zip _____

Occupation: _____ Date of Birth: _____ Email: _____

Emergency Contact Person: _____ Phone: _____ Referred By: _____

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 ___ Deep ___ Other Information: _____

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

_____

Please indicate any of the following that apply to you:

◯ Cancer	◯ Headaches / Migraines	◯ Arthritis	◯ Joint Replacement(s)	◯ Neuropathy / Numbness
◯ HIV / AIDS	◯ High/ Low Blood Pressure	◯ Neurological Disorders	◯ Blood Clots	◯ Hemophilia
◯ Sprains/ Strains	◯ Heart Attack	◯ Kidney Dysfunction	◯ Anxiety	◯ PTSD
◯ Currently Pregnant	◯ Fibromyalgia	◯ Bulging or Ruptured Disc	◯ Stroke	◯ Infectious Disease

Please list any medical conditions, surgeries, injuries, broken/dislocated bones, or scars

(1) _____ (4) _____
(2) _____ (5) _____
(3) _____ (6) _____

Is there other information about you that your therapist needs to know prior to your session?

_____

Your Appointment Time:
This time is set aside for you. Out of respect and consideration to your therapist(s) and other customers, please plan accordingly and be on time. 24 hour Cancellation Policy, advance notice is required when cancelling an appointment. Massages with Purpose is unable to absorb the losses for missed appointments, no-shows, or appointments cancelled within a 24 hour period of the scheduled appointment. If you are unable to give the therapist 24 hour advanced notice, you will be charged a $30 cancellation fee for your reserved appointment.

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. If your therapist is able to contact the client after you to move their appointment to a later time, then your therapist will attempt to accommodate you at your full session. 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.

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 I am receiving massage therapy, microcurrent therapy, stretching, Lymphatic Drainage therapy, CranioSacral Therapy, and all other therapies that Massages with Purpose offers are 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, Massages with Purpose, their principals, and agents from all claims and liability whatsoever.

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, and is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services. 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.

CLIENT SIGNATURE _____ **DATE** _____