

Massages with Purpose and Skin Care

... Where Healing Begins



Client's Information

Full Name: _____ Occupation: _____

E-mail: _____ Phone: _____

Date of Birth: _____ Age: _____ Female Male

Address: _____ City: _____ ZIP: _____

When was your last massage? _____ Referred By: _____

Medical Information

Please check any of the following that apply to you:

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> PTSD | <input type="checkbox"/> Buldging/Ruptured Discs | <input type="checkbox"/> Cancer | <input type="checkbox"/> Epilipsesy/ Seizures |
| <input type="checkbox"/> TMJ | <input type="checkbox"/> Headaches / Migraines | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Chemo / Radiation |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Joint Replacements |
| <input type="checkbox"/> Sprains / Strains | <input type="checkbox"/> Neurological Disorders | <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Kidney Dysfunction | <input type="checkbox"/> Stroke | <input type="checkbox"/> Depression/ Anxiety |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Hemophilia / Bruise Easily | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Athletes' Foot/ Fungus |
| <input type="checkbox"/> Please list any medical conditions, surgeries or injuries, broken/dislocated bones, or scars that your therapist should be aware of. | | | |

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

Do you consent to: Hot Stones Yes No / Essential Oils Yes No

Other Medical Conditions / Injuries: _____

Your Appointment Time has been reserved for you. Out of respect and consideration to your Therapist(s) and other customers scheduled after you, please plan accordingly by putting your appointment time on your calendar and be on time. A full 24-hour notice is expected for cancellations and reschedules to avoid a **\$65 service charge**, as we are unable to fill your appointment in such short notice. Thank you for your understanding. _____

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 my appointment. _____

I understand that I am receiving therapeutic services that Massages with Purpose offers, at my own risk. In the event that become injured either directly or indirectly as a result, in whole or in part, of the aforesaid therapeutic services offered, I hereby hold harmless and indemnify the therapist, Massages with Purpose, their principals, and agents from all claims and liability whatsoever. I have read and understand that Massages with Purpose complies with the HIPPA privacy requirements. _____

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 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. _____

I have carefully read the above and understand Massages with Purpose and Skin Care office policies. _____

Client's Signature: _____

Date: _____