

Today's Date: ___/___/___

Client Information

-Please Print-

Name: _____
(First) (Last)

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: (____) _____ Preferred Contact
(Needed for Internet Only Discounts)

Date of Birth: ___/___/___ Work Phone: (____) _____

Occupation: _____ Cell/Alt. Phone: (____) _____

Have you ever had a professional massage? _____

Please state any recent or past injuries or medical conditions: _____

Please check any of the following that pertain to you:

- | | |
|------------------------------------------------|---------------------------------------------------------|
| _____ Do you have diabetes? | _____ Do you have any contagious disease? |
| _____ Are you pregnant? | _____ Do you have osteoporosis? |
| _____ Do you suffer from arthritis? | _____ Have you broken any bones recently? |
| _____ Do you have high blood pressure? | _____ Do you have cardiac or circulatory problems? |
| _____ Do you suffer from epilepsy or seizures? | _____ Do you suffer from back pain? |
| _____ Have you had recent surgery? | _____ Are you sore or sensitive in any particular area? |

I understand that any therapy session I receive with Healing Hands Massage is provided for the basic purpose of relaxation and relief of stress/tension. If I experience any pain/discomfort during the session, I will immediately inform the therapist. I affirm that I have stated all known medical conditions and understand that there shall be no liability on the therapist's part if massage is contradicted. (We suggest a physician's consent if there is any question).

I also understand that all therapy sessions are strictly therapeutic and that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

I am aware that I am required to give a minimum of four (4) hours notice to cancel any/all appointments, regardless of when they were made. I will be responsible for payment if failing to do so.

Special Note: All our massage therapists are under contract with Healing Hands Massage and may be sued for damages if they independantly massage any Healing Hands Massage client.

X

Signature of Client (Guardian if under 18)

(Date)

For Office Use Only

Therapist Name:	Location:	Type & Amount of Payment:	Comments:
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