

One Spirit Massage Studio

CLIENT INFORMATION FORM

NAME _____ BIRTHDATE _____
 ADDRESS _____ CITY _____ STATE _____ Zip _____
 PHONE: HM _____ CELL _____
 EMAIL _____ Would you like to receive our email newsletter? Yes No.
 PRIMARY REASON FOR TREATMENT _____
 REFERRED BY: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a professional massage before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have skin allergies <input type="checkbox"/> or skin irritations <input type="checkbox"/> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have arthritis <input type="checkbox"/> or any joint disorders <input type="checkbox"/> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have high blood pressure <input type="checkbox"/> or other heart problems <input type="checkbox"/> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have varicose veins <input type="checkbox"/> or blood clots <input type="checkbox"/> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any spinal problems? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have frequent headaches? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you exercise or participate in any sports?
If yes, what kind and how often? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any recent surgeries, broken bones, major accidents, etc.?
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under a doctor's care? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any medical condition of which I should be aware before giving you a
massage? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? |

CLIENT'S WAIVER

Massage therapy is not a substitute for medical examination and diagnosis. It is recommended that I see a physician for any physical ailment that I may have. I understand that the massage therapist/technician does not diagnose illness, disease or any other physical or mental disorder. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and understand that there shall be no liability on the practitioner's part should I fail to do so.

Cancellation policy: In order to respect the schedule of both clients and therapists kindly give 24 hours notice if you need to cancel an appointment. One Spirit Massage Studio asks clients to pay for any appointments cancelled with less than 24 hours notice.

Signature _____ Date _____

Is your cell phone on?

So that you can fully enjoy your massage, please turn your cell phone off before entering the massage room.

THERAPIST NOTES: