

Name	Today's Date			
Date of Birth Address	Phone		Email	
Address		City	State	Zip
Occupation		Exercise/S	port	·
How did you haar about us?				
How did you hear about us? Were you in a car accident?	Voc / No	anto of accident		
If yes, please describe				
History				
Please list any allergies or sk	in sensitivities			
A				) \/ / N -
Are you interested in essenti	al oils being integ	grated into your	massage? (complimentar)	/) Yes / No
Are you interested in CBD be	eing integrated in	to vour massage	e? (\$9) Yes / No	
		,	(12) 120 111	
Please list any surgeries or h	ospitalizations in	the last 10 years	S	
Diago list all surrent medica	tions			
Please list all current medica	uons			
Please list all current medica	l conditions			
Are you currently or do you f	requently suffer	from any of the	following:	
TMJ dysfunction (jaw	pain, clicking or	,	Sciatica	
popping)			Shin Splints	
Numbness in hands of	or fingers		Plantar fasciitis	
Headaches	O		Low back Pain	
Migraines			Difficulty getting a de	ep breath
0			11 19 8 1 1 1	
What is your main complaint	today?			
When was your last theraped	utic massage?			
What type of pressure do yo	u normally prefer	r? Light Mo	edium Deep	
What is your goal for receivir	ng therany? relay:	ation stress relie	ef corrective therapy pair	relief



## **Consent for Services**

I understand that for the massage I may undress to my level of comfort and will be modestly draped throughout the session. I understand that I may be denied services if I behave inappropriately during the session. I understand that the therapist has the right to end the massage at any time he/she feels is necessary.

Signature
Legal Guardian (if under 18)
Cancellation and No Show Policy  No shows and late cancels (less than 24 hours notice) will be charged 50% of the service scheduled
Emergency situations will be handled on a case by case basis.  Repeat offenders will be required to prepay before an appointment may be booked.  I have read and understand these terms.
Signatura