

Personal Information

Name _____ Phone (day) _____ (evening) _____

Address _____ City, State, Zip _____

Email _____ Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Massage Information

How did you hear about me? _____

Have you ever had a professional massage before? yes no

If yes, how often do you receive massage therapy? _____

What is your pressure preference? light pressure

medium pressure deep pressure trigger point therapy

Reiki Therapy/energy work

What type of therapy are you seeking today?

Swedish/Relaxation Deep Tissue/Therapeutic Aromatherapy

Hot Stone Therapy Reiki Therapy/energy work Raindrop

(Aromatherapy & Hot Stone are +\$10; Raindrop is +\$20)

Are you sensitive to fragrances or perfumes? yes no

Please circle your preference: Lotion or Oil

Do you have sensitive skin? yes no

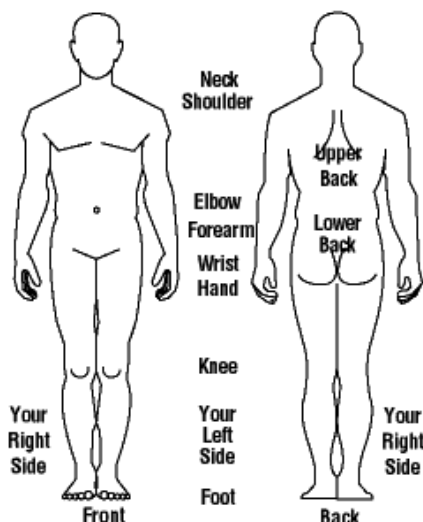
Do you wear contact lenses? yes no

Do you exercise regularly? yes no

If so, what type(s)? _____

What are your common areas of pain or tension?

Circle any specific areas you would like the massage therapist to concentrate on during the session:



Medical History

Do you suffer from chronic or persistent pain/discomfort?

If so, for how long? _____

Do you know what caused it or when then symptoms seem to get worse or better?

Do you see a chiropractor? yes no

If so, how often? _____

Are you currently under medical care?

yes no

Are you currently taking any prescription, over the counter medications or herbal supplements? If so, please list and explain for what.

Height _____ **Weight** _____

Please indicate any conditions that you have had or currently have:

- headaches, migraines
 - allergies, sensitivity
 - arthritis, tendonitis
 - cancer, tumors**
 - TMJ problems
 - abnormal skin condition
 - heart/circulation problems
 - joint replacement / surgery
 - high / low blood pressure (pls. circle)
 - varicose veins** (pls. indicate where)
 - current pregnancy – Due date _____
 - blood clots**
 - neck / back injuries recent?
 - diabetes
 - paralysis
 - fibromyalgia
 - numbness
 - sprains, strains
 - recent injuries
 - lack of or reduced feeling / sensation
- Explain any conditions that you have marked above: _____

Inner Peace Wellness – Client Agreement/Waiver

I, _____ (print name) agree to the following statements.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during a session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform any spinal or skeletal manipulations or adjustments, diagnose, prescribe or treat any mental or physical illness, and that nothing said during the course of a session should be construed as such.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions on the Client Intake Form honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. All information provided will be kept strictly confidential as is ethically required. Your personal information will never be shared with anyone without a signed consent form from you.

Careful and modest draping will be used during the session and only the area being worked will be undraped. In general, massage is performed while you are fully unclothed. However, you may choose to undress to your level of comfort. I understand that massage therapy is a therapeutic health aide and is non-sexual.

Disclaimers: Your therapist has the right to refuse anyone who does not act in a professional manner in regard to sexual conduct. Inappropriate sexual behavior during a session will be cause for stopping a session and full payment will be owed for the scheduled treatment. Your therapist also has the right to refuse treatment to anyone with hygiene concerns understanding that massage of an unclean body is a health risk to both therapist and client. Anyone under the age of 18 must be accompanied by a parent or legal guardian who will remain in the treatment room for the entire session. Signature of parent or legal guardian _____
Parent or Legal guardian's waiver to remain with a minor (sign & date) _____

I understand and agree to comply with the cancellation policy which states that if I cancel an appointment with less than 24 hour notice that I am responsible for full payment of the session scheduled. I further understand that if I arrive late for a session, that while the therapist will make every attempt to fulfill my scheduled session's treatment, the appointment will end at the time originally scheduled so that the client following me is not penalized.

Feel free to ask your therapist any questions before, during or after the session. Your therapist is a highly trained professional and will be happy to make you feel comfortable and informed.

Please write anything else that you think might be important for your therapist to know:

By signing this release, I hereby waive and release my therapist from any and all liability, past, present and future relating to massage and bodywork.

Signature of client

Date

***This is your massage; your time to relax; your opportunity to rejuvenate!
Enjoy!***