



Basic Personal Information

First Name:	Last Name:	Date of Birth:
Address:		
Best Contact Phone Number:		How did you hear about us?
Email:		
Emergency Contact:		
Emergency Contact Phone Number:		

General Health

Please list all allergies:		
Are you currently under the care of any: <input type="checkbox"/> Doctors <input type="checkbox"/> Chiropractors <input type="checkbox"/> Physical Therapists <input type="checkbox"/> Other medical professional	List any surgeries in the past 5 years:	Surgeries older than 5 years:
Are you pregnant? Y/N	If yes, what trimester are you in?	Do you smoke?
List all medications and herbs:		
Do any of these conditions apply to you? <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Heart Condition <input type="checkbox"/> Heart Attack <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Headaches <input type="checkbox"/> Diabetes <input type="checkbox"/> Blood Clots <input type="checkbox"/> Stroke <input type="checkbox"/> Depression <input type="checkbox"/> Nerve Pain <input type="checkbox"/> Eczema or Psoriasis <input type="checkbox"/> Cancer <input type="checkbox"/> Sprains/Strains <input type="checkbox"/> Broken Bones <input type="checkbox"/> Diabetes <input type="checkbox"/> TMJ <input type="checkbox"/> Arthritis <input type="checkbox"/> Whiplash		
Any additional medical information we should know? (Ex: pacemaker, insulin pump, etc.)		



Health Today

Are you experiencing any pain or discomfort today? Please describe:

Is your pain: sharp, dull, achy, deep, tingling, new, ongoing?

Are you taking any extra medications today? (Ex: pain killers, cold medication)

General Massage

Have you ever had a massage before?

If yes, how often?  Once  A few times  Yearly  
 Monthly  Weekly  Other ( please specify)

If you do not get massage regularly what is stopping you from doing so?  
 Time  Cost  Not a priority  Other \_\_\_\_\_

What is your primary goal for the session?

Do you have any sensitivity to scent?

Have you ever used essential oils :

Is there any area of the body you prefer we avoid in general? (Ex: feet or scalp)

YOUR MASSAGE....NO *BODY* IS THE SAME

Is there anything you'd like us to avoid just for today (Ex: hairdo, rashes, bruises etc.)

What type of pressure do you prefer: light, medium, firm, not sure ?



Does your typical day include any of the following? Long periods of sitting Long periods of standing Long periods at a desk Intense athletic activity 30-60 minutes of exercise	What is your occupation?
	Do you enjoy working out knots or would you prefer a more general massage?

### Choose Your Massage Additions

Essential Oils are just \$3 for an individual oil or \$5 for a blend

*Our pricing reflects our belief that Essential Oils can benefit all massages and should be available to everyone. We would be happy to make recommendations based on your individual needs.*

Harmony Healing Blend: Clove, Frankincense, Lavender and Rosemary

Earthy, Rich, Spicy, and Refreshing

*Uses:* Relaxing, Great for Respiratory or Digestive Issues and Immune Support

Peppermint: Minty & Uplifting

Stomach aches, headaches, muscle aches

Lavender: Earthy & Floral

Relaxing, antiviral, skin issues, irritation

Clove: Spicy & Aromatic

Use for digestion, arthritis, respiratory

Eucalyptus: Menthol & Camphor

Cooling, respiratory issues, stimulating

Rosemary: Herbal & Woody

Mental stimulant, exhaustion, digestion

Frankincense: Pungent & earthy

Menstrual issues, skin problems, stress, respiratory

### 10 Minute Foot Scrub and Massage

In Traditional Chinese Medicine the health of the feet is important for the body's overall health. Spend some extra time on your feet with a gentle foot scrub followed by a luxurious foot massage. We have several flavors including Green Tea, Tropical Vanilla and Pumpkin.

Your feet will smell lovely and feel softer! 10 Minutes, \$10

### Sleep Therapy

Have you ever wished you could just stay and rest after a massage without having to rush to get out? Our original sleep therapy was created by client request. Spend 10, 20 or 30 minutes relaxing with an aromatic lavender eye pillow or drift away while watching our wave therapy projection.

10 minutes, \$10, \$20 minutes \$20 or 30 minutes \$25



## Confidentiality Acknowledgement

All the information provided to the therapist is strictly confidential. The therapist will not disclose any information to anyone including a medical practitioner unless you give explicit consent to do so.

## Treatment Terms and Consent

You are consenting to be treated by the therapist and agreeing to the following conditions:

- I have provided an accurate medical history to the best of my knowledge.
- I understand that a massage therapist cannot diagnose illness or disease and cannot prescribe medications.
- I understand that this treatment is for therapeutic purposes only and any misconduct will bring the session to an immediate end.
- The treatment provided to me is intended to improve my wellness but is not a substitute for medical treatment.
- The therapist has the right to refuse treatment if she believes it is not safe for herself or for me.
- I agree to notify my therapist of any changes to my physical and mental condition during treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Cancellation policy

As time is valuable to both of us, I agree that should I need to cancel my appointment, I will do so at least 24 hours prior to my appointment or I will be billed an early cancellation fee of \$25. Accommodations may be available for true emergencies. We value your time too! Should my therapist need to cancel within less than 24 hours I will receive a \$25 credit towards my next massage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_