

Harmony Bodywork Massage Therapy

Confidential Client Information

Date: _____
Name: _____ Age: _____ DOB: _____
Phone: () _____ E-mail Address: _____
Address: _____ City: _____ State: _____ Zip: _____
Occupation: _____ Referred by: _____
In case of emergency: _____ Phone: () _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to massage.

Have you ever received a professional massage/bodywork session? _____
How recently? _____ What type? _____
Was there anything that you particularly liked or disliked about your experience? _____

Are there any areas you would prefer not to be included in your session? _____

Is there an area on which you would like focused work? _____
Do you have any particular goals for this massage session? _____

Medical Information – Please check all current conditions:

- | | |
|--|--|
| <input type="checkbox"/> Allergies to oils or lotions (nut oils) | <input type="checkbox"/> Recent accident or injury |
| <input type="checkbox"/> Sensitive to smells (aromatherapy) | <input type="checkbox"/> Recent or past surgery which may affect
massage (ie: scar tissue, joint replacement) |
| <input type="checkbox"/> Asthma or respiratory condition | <input type="checkbox"/> Fibromyalgia or Chronic Fatigue |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Disc or spinal problems |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Neck pain |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Peripheral neuropathy | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Controlled by insulin | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Frequent Headaches or Migraines |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Skin condition – acne, eczema, rash, etc. |
| <input type="checkbox"/> High / Low Blood Pressure | <input type="checkbox"/> Fungal infection / athlete's foot |
| <input type="checkbox"/> Taking blood pressure medication | <input type="checkbox"/> Sensitive to touch or pressure in any area? |
| <input type="checkbox"/> Taking blood thinners | <input type="checkbox"/> Carpal Tunnel Syndrome |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Taking prescription medications? |
| <input type="checkbox"/> Chronic pain (please explain below) | <input type="checkbox"/> Are you currently under the care of a physician? |
| <input type="checkbox"/> Taking pain relievers or muscle relaxants | |

** Please explain any condition that you have marked above _____

Do you have any difficulty laying on your back, front or side? _____

Is there anything else I should know about your medical history in order to give you a safe and effective massage? _____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the 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 or bodywork 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 of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness and that nothing said in the course of the session should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks made by me will result in immediate termination of the session, and I will be liable for payment for the scheduled appointment.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

Consent to Treatment of Minor: By my signature below, I hereby authorize Tiffany King, CMT to provide my minor child, _____, with therapeutic massage/bodywork services as she deems appropriate. I understand that I am financially responsible for the minor and that all statements contained in this consent apply equally to the minor and to myself.

Signature of Parent or Guardian: _____ Date: _____

Cancellation Policy

Your appointment time has been reserved especially for you. I ask that you please give 24 hours' notice for cancellations or to reschedule so that I may make this time available to other clients. Appointments cancelled with less than 24 hrs. notice may be subject to a \$30.00 charge. "No-shows" may be liable for the full charge for the missed session.

Arriving Late

Appointment times have been arranged specifically for you. If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, we will need to determine whether there is adequate time remaining to start a session. Regardless of the length of the session, you will be responsible for the "full" session as it was booked.

Thank you for your understanding.