# Soleil Spa

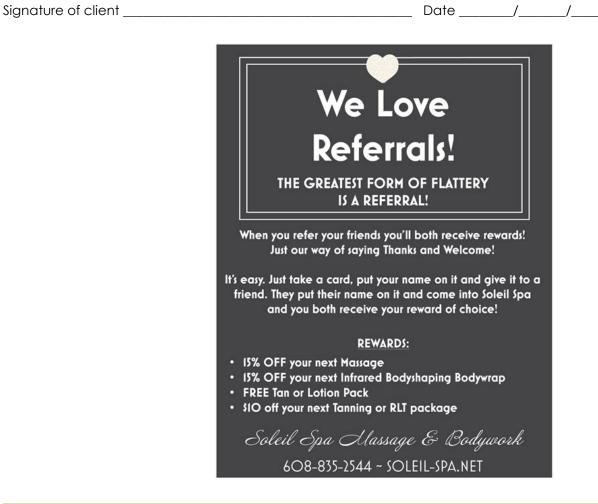


### Massage & Bodywork

Welcome to Soleil Massage & Bodywork! I'm glad you've chosen me to provide you quality massage therapy services. In order to provide the best service possible, please complete the following questionnaire.

Client Information	Date
Name	Phone
Address	
Date of Birth/ Email	
Occupation Employer	
Emergency Contact	Phone
Preferred method of appointment confirmationemail	text phone call
Would you like to receive specials via email?Yes No	
How did you hear about us? Who can we thank for referring you	١ś
Have you had a professional massage before?YesN	lo
What type of pressure do you prefer?lightmedium	ndeep
If yes, how often do you get massages? When	was your last massage?
Do you have any allergies to oils, lotions or ointments?Yes	s No
If yes, please explain	
Medical History	
Are you currently under medical supervision?Yes No	
If yes, please explain	
Do you see a chiropractor?Yes No If yes, how often	
Are you currently taking any medication?Yes No	
If yes, please list	
Please check any conditions listed below that apply to you: Not	listed below
( ) TMJ ( ) easy bruising ( ) fibromyalgia ( ) artificial joint ( ) epilepsy ( ) headache/migraine ( ) phlebitis ( ) recent surgery ( ) circulatory disorder ( ) atherosclerosis ( ) heart condition ( ) DVT/blood clots ( ) osteoporosis ( ) osteoporosis ( ) decreased sensation (	) rheumatoid arthritis ( ) skin condition

What are the main reasons you are seeking treatment today?		
is there anything else about your health history that you think would be useful for your massage practitioner to		
know to plan a safe and effective massage session for you?		
Massage Therapy Informed Consent  I,		



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#### **Policies**

Welcome to my practice. It is my intention to provide a safe and honoring environment. Please read and sign to acknowledge your understanding of the following policies:

#### Confidentiality

All the information shared is kept confidential unless a written release is approved and signed by you. Certain legal limits on confidentiality do exist and do not need a release from you:

- 1. If there is convincing evidence that you are in immediate danger to yourself or others. Legal action may be taken for your own protection and that of others.
- 2. If you are involved in a medical emergency.
- 3. Incidents of child or elder abuse, including physical, sexual, or neglect must be reported by me to the necessary agencies.
- 4. A court of law may subpoen ainformation and may order release of information.

#### Cancellation and "No-show" Policy

I understand that unanticipated events happen occasionally in everyone's life. In my desire to be effective and fair to all clients, the following policies are honored: 24 hour advance notice is required when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give 24 hours advance notice you will be charged half the cost of your appointment. This amount must be paid prior to your next scheduled appointment. I will attempt to fill your appointment time from my waiting list. If I can fill it, you will not be charged the fee. If you forget or consciously choose to forgo your appointment for whatever reason, it is considered a "no-show." You will be charged half the cost of your appointment. This amount must be paid prior to or at your next scheduled appointment.

#### Late Arrivals

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the full amount of the scheduled session. Out of respect and consideration to your therapist and other clients, please plan accordingly and be on time.

#### **Client Rights and Responsibilities**

You have the right to terminate our therapeutic relationship at any time. You have the right to informed consent. You may ask me about my training, experience, and philosophy at any time. Sexual intimacy between

client and therapist is prohibited. I do not engage in dual-role times. All cell phones will be turned off prior to entering the offi	relationships with clients. You will be draped at a
Signature of client	Date//