



# Client Information Sheet

Name \_\_\_\_\_

Hobbies \_\_\_\_\_

How is your general health? \_\_\_\_\_

Have you ever had any serious illness? \_\_\_\_\_

If so, please explain. \_\_\_\_\_

Have you had any operations? \_\_\_\_\_ If so, please explain. \_\_\_\_\_

Have you had any traumatic accidents or broken bones? \_\_\_\_\_

Heart Conditions? \_\_\_\_\_ Blood Pressure? \_\_\_\_\_

Are you on Medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Do you take supplements? \_\_\_\_\_ If so, what? \_\_\_\_\_

Are you currently being treated by a Doctor, Chiropractor or other practitioner? \_\_\_\_\_

If so, for what? \_\_\_\_\_ May I have permission to contact them? \_\_\_\_\_

Doctor or Chiropractor:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City St Zip \_\_\_\_\_ City St Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever received a professional massage before? \_\_\_\_\_

What do you expect from this massage? \_\_\_\_\_

How did you find out about our services? \_\_\_\_\_

Massages are available in 1/2, 1 and 1-1/2 hour increments. Appointments will be charged as previously scheduled. We will be happy to extend the length of your massage if the time is available.

I understand that massage services are designed to be a health aid and in no way to take the place of a doctor's care when indicated. Information exchanged in any massage session is educational in nature and is intended to help you become more familiar and conscious of your own health status. Please use this information at your own discretion.

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

Consent to treatment of a minor: By my signature below, I authorize the massage therapist to administer massage to my child or dependent, as they deem necessary.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Therapeutic Massage

Client Information & Policies

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

## Policies

### Cancellations

If you are unable to keep your scheduled appointment, please call by 5:00 pm the day before to avoid incurring a cancellation fee which is the price of your service. This policy protects our therapist and allows others to benefit from our services.

### Gift Certificates

Gift certificates expire 6 months after date of purchase with exception for holiday specials with limited expiration dates.

I have read and understand the policies.

If tipping, please do so in cash or check made out to An'Marie.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date