

General Information

Name: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Occupation: _____ Would you like to receive special offers & news? _____
 Referred By: _____ Marital Status: _____
 Emergency Contact Name: _____ Emergency Contact Phone: _____

Massage Information

Have you had a professional massage before? ☐ Yes ☐ No
 If yes, what types of massage have you had? (swedish, deep tissue, ect) ? _____
 How long have you been receiving massage therapy? _____ Frequency of Massages: _____
 What are your goals for treatment? _____

How would you rate your pain levels? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How many glasses of water do you drink a day? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

How do you prefer your pressure:

- ☐ Light/Meditative ☐ Medium/Invigorating
☐ Deep/Trigger Point

Are there any areas you would like for me to avoid?

☐ Buttocks ☐ Abdomen ☐ Other: _____

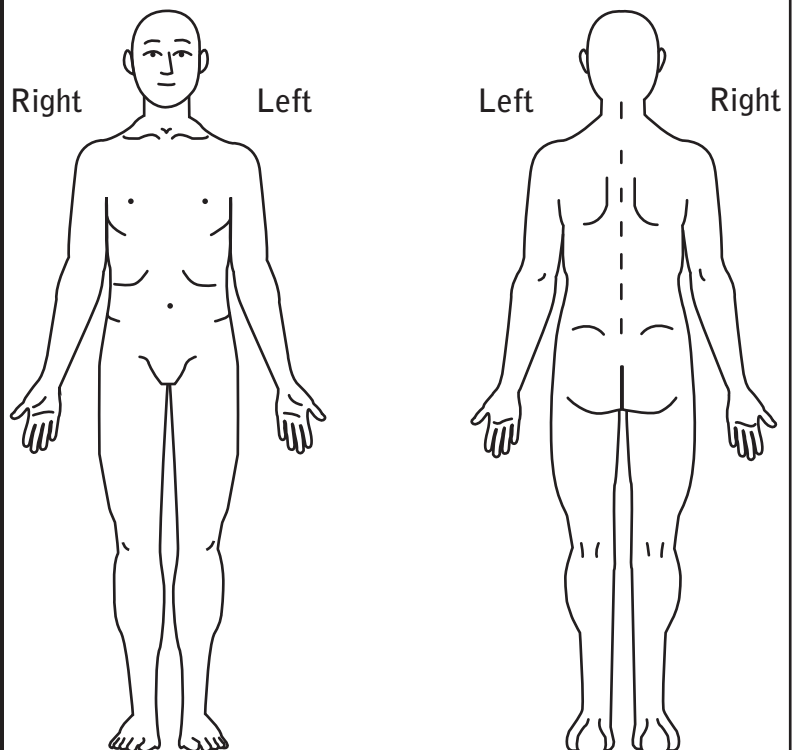
Do you have any of the following today:

- ☐ skin rash ☐ cold/flu ☐ open cuts
☐ severe pain ☐ injuries/bruises
☐ anything contagious: _____

Do you have any music preferences?

- ☐ no music ☐ therapist's choice
☐ other: _____
 (I have Spotify, so we could listen to almost anything!)

Mark any areas where you are experiencing discomfort:



Current Health

Do you exercise regularly and/or participate in any sports? ☐ Yes ☐ No

If yes, what kind of exercise/sports?) _____

Do you perform any repetitive movement in your work, sports, or hobby? ☐ Yes ☐ No

If yes, describe _____

Do you sit for long hours at a workstation, computer, or driving? ☐ Yes ☐ No

If yes, describe _____

Do you experience stress in your work, family, or other aspect of your life? ☐ Yes ☐ No

If yes, describe _____

Are you experiencing tension, stiffness, discomfort or pain? ☐ Yes ☐ No

If yes, describe _____

Have you recently had an injury, surgery, or areas of inflammation? ☐ Yes ☐ No

If yes, describe _____

Do you have sensitive skin? ☐ Yes ☐ No

Do you have any allergies to lotions or oils? ☐ Yes ☐ No

If yes, please explain _____

Medications: _____ Allergies: _____

Health History

- | | |
|---|--|
| _____ Allergies | _____ Implanted Hardware (pins, screws, wires) |
| _____ Arthritis | _____ Infections |
| _____ Asthma, Shortness of Breath | _____ Injuries/ Past Broken Bones |
| _____ Blood Clots | _____ Insomnia |
| _____ Cancer | _____ Immune System Deficiencies |
| _____ High/Low Blood Pressure | _____ Joint Stiffness / Swelling |
| _____ Diabetes | _____ Limited Range of Motion |
| _____ Digestive Conditions (Crohn's, IBD) | _____ Lupus |
| _____ Epilepsy, Seizures | _____ Neurological (MS, Parkinson's, Chronic Pain) |
| _____ Fibromyalgia | _____ Pain, Numbness, Tingling |
| _____ Headaches / Migraines | _____ Skin Conditions |
| _____ Heat Sensitivity | _____ Surgeries |
| _____ Heart Attack/ Stroke | _____ Varicose Veins |
| _____ Hip/Knee Replacements | |

Other: _____

Signature: _____ Date: _____

By signing below, I agree that I have read and understand the following:

Cancellation policy

If you must cancel or reschedule an appointment, at least 12 hours notice must be given prior to your scheduled appointment.

If less than 12 hours is given, you will be charged %50 of the full service fee. If you fail to show and/or do not call, you will be charged %50 of the full service fee. Cancellations due to circumstances beyond your control (ex: inclement weather, family emergencies, canceled childcare, etc.) will be handled on a case-by-case basis.

Late arrivals

If you show up late or call in late to an appointment, that time shall be deducted from the session. For example, if you had a scheduled 60 minute massage and show up 15 minutes late, the session is now 45 minutes. You will still be required to pay the full session fee.

Late arrivals due to circumstances beyond your control (ex: inclement weather, family emergencies, canceled childcare, etc.) will be handled on a case-by-case basis.

No show policy

Clients who fail to show up for their scheduled appointment will be charged the full price of the services at the time the services were scheduled.

Respect for the client-massage therapist relationship

You, the client, should be open and honest with your therapist at all times. Feedback about the session, such as: if the sessions aren't working, any situations that make you uncomfortable, massage techniques that you may or may not like, any body areas you would like avoided, etc.

To maintain respect for each client and establish professional boundaries the following policies will apply for all massage therapy services:

- You may choose to leave on as much clothing as needed for comfort.
- You will always be modestly draped. Only the area being massaged will be undraped.
- The breast and genital area will **NOT** be massaged under any circumstances. A professional distance will be maintained from these areas at all times.
- Requests for sexual activity will **NOT** be tolerated, will be viewed as solicitation, and reported to the proper authorities under the guidelines of the massage therapy policies and procedures. You will not be rescheduled if this occurs.

Privacy

Your privacy is important. We will never give, lease, sell, or otherwise disclose your personal information - period. Any information you give to **Cassidy's Massage Therapy** will be held with the utmost care, and will not be used in ways to which you have not consented.

Medical Treatment

It is your responsibility to keep **Cassidy's Massage Therapy** informed of any medical treatment currently being taken, and to provide written permission from the physician, chiropractor, physical therapist, etc., that your program may be continued. You must also inform of any changes in health conditions.

The services provided are not intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician with any questions you may have regarding any medical condition.

SIGNATURE

DATE