

Studio Helix
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Champaign, IL 61821
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Client Information - CONFIDENTIAL
New Client Information Form

Client: _____ **Appointment Date:** ____/____/____

Address: _____

Work Phone: _____ **Home:** _____ **Cell:** _____

Email: _____ **Date of Birth:** _____

Left/Right Handed: _____ **Occupation:** _____

What is your activity level? What types of activities you engage in during the week? _____

Emergency Contact and their relationship to you: _____ () _____ - _____

How did you hear about me? Web Site Lotus Resource Guide Referred by: _____

Have you ever received massage or bodywork before? (If yes, what intensity do you prefer?)

Do you have any medical conditions I need to know about?

Are you currently (or have you recently been) in a physician's care? If yes, for what condition or complaint? What kind of diagnostic procedures are you undergoing (have you recently undergone)?

Are you seeing any complementary/alternative health practitioner regularly?

Are you taking any medications that might affect massage? (For instance, blood thinners can make bruising more likely, the circulatory effects of massage can impact blood sugar and thus insulin dose, steroids can cause changes in fluid balance and produce swelling... a body adapting to strong medicine does not need the additional burden of adapting to a strong massage, so I need to know enough about your medications to adjust the massage intensity accordingly.)

Have you had any joints replaced or hardware or appliances implanted in your body?

Are you sensitive or allergic to any nuts, foods, essential oils, etc. that might impact what lotions, oils or creams are safe to use on you? _____

Where do you want me to work?

On a "typical" 60 minute full-body wellness massage, I have found that in 60 minutes, I don't have time to include belly or chest (other than upper pectorals) massage, so I don't include those unless requested. If there are areas needing significant extra work, other areas may need to be shortened or skipped. Or, if there is not a client following you, your time could be extended (for additional time charge).

Include belly Include chest Do not include scalp Do not include feet Do not include _____

Your massage is customized for you. **If you have areas you want me to spend extra time on or areas you don't want me to treat, let me know.**

You do not need to get a full body massage. **If you only want a particular area worked, let me know** and that's what we'll do. Tell/Show me (you don't have to write it down) about what areas are painful, stiff, numb, tingling or swollen.

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 this session, I will immediately inform the practitioner 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 given 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, the undersigned, waive and release Studio Helix, its employees, officers or directors, against any and all claims in any way connected with my participation in this massage. This agreement is binding on my heirs and executors. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ Date _____