

CONFIDENTIAL

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

Address: _____ **City, St. Zip** _____

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 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? _____

Have you ever had pain flare up in the days after massage or exercise? _____

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?

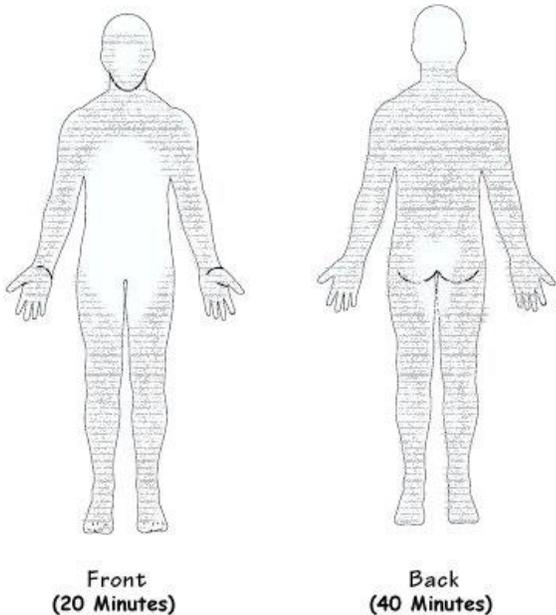
On a "typical" 60 minute full-body wellness massage, I work the shaded areas of the body. These represent areas that most people hold tension. I have found that in 60 minutes, I don't have time to include belly or chest (other than upper pectorals) massage, so I don't include those unless requested.

Your massage is customized for you. **If you have areas you don't want me to treat, let me know. If you want areas treated that aren't shaded here, let me know.** The amount of time given to different areas of the body can be adjusted to your preferences, as well.

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.

- Circle areas where pain exists
- ☼ Circle areas with small dots where extreme pain exists
- X Put an "X" over stiff areas
- |||| Draw squiggly lines over areas of numbness or tingling

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 Joan Cole Massage, 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 _____