

Elegance Healing
New Client information

Name _____ Date _____

Address _____

Phone _____ Date of Birth _____ Sex M / F

Email Address _____

Referred by _____

Occupation _____

Have you ever experienced a professional massage/bodywork session? Y / N How recently? _____

What is the reason for your visit today? _____

Are there any areas you want me to concentrate on/avoid? _____

Do you prefer a deep or light massage? _____ Do you like stretches? Y / N

Please take a moment to carefully read the following information and check where indicated. If you have a specific medical condition or specific symptoms, massage may be contraindicated. A referral from your primary physician may be required prior to service being provided.

Check where indicated:

___ Stress

___ Headaches

___ Diabetes

___ High Blood Pressure

___ Low Blood Pressure

___ Cardiac/Circulatory Problems

___ Epilepsy/Seizures

___ Joint Swelling

___ Varicose Veins

___ Allergies

___ Bruise Easily

___ Neck/Shoulder Pain

___ Back Pain

___ Hip Pain

___ Arthritis

___ AIDS

___ Serious Injuries

___ Skin Conditions

Are you pregnant? Y / N Are you currently taking any medications? _____

Surgeries? Dates _____

I understand that the massage/bodywork that I receive is provided for the basic purpose of relaxation and relief of muscular pain/tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for a medical examination, diagnosis or treatment and that I should see a physician for any medical condition of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform adjustments, diagnose, prescribe, or treat any physical or mental illness and that nothing said in the course of the session should be construed as such. 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 also understand that any illicit or sexually suggestive remarks or advances made by me will result in the termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ **Date** _____