

ESSENTIAL BALANCE CLIENT INFORMATION

Therapeutic Massage & Wellness

Name _____ Phone (____) _____ DOB _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Referred by _____ Phone (____) _____

In case of emergency _____ Phone (____) _____

Occupation _____ Male Female

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

Have you ever experienced a professional massage or bodywork session? Yes No How recently? _____

What are your massage or bodywork goals? _____

What kind of pressure do you prefer? light medium firm

If you answer "yes" to any of the following questions, please explain as clearly as possible.

Yes No Do you experience headaches?

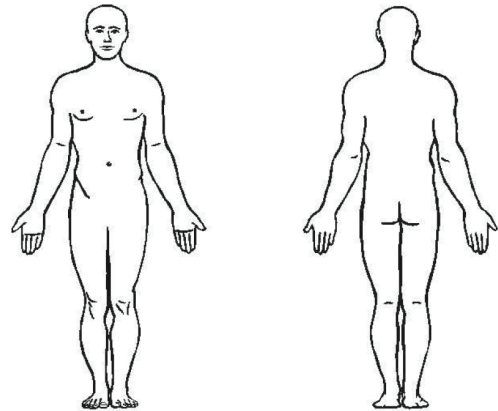
Yes No Are you pregnant?

Yes No Do you have allergies?

Yes No Any injuries in the past 2 years?

Yes No Other medical condition, or are you taking any medications I should know about?

Please indicate your areas of concern on the diagram to the right.



TERMS & CONDITIONS: 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 also understand that any illicit or sexual 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.

CANCELLATION POLICY: You may cancel your appointment without charge during business hours on the day before your appointment. Same day cancellations will be charged 50% of the scheduled service price. If you do not call to cancel your appointment, or do not show up for your scheduled appointment, you will be charged full price for the scheduled service. You will be liable for this payment prior to your next appointment.

Would you like to opt in to Automated Text Message reminders about your appointments? Yes No

Client Signature _____ **Date** _____