

Confidential Information

Welcome!

We want to make your appointment as pleasant and comfortable as possible. If at any time you have any questions about your session, please don't hesitate to ask!

Name: _____ **Phone (Best number for you):** _____

Address: _____ **City:** _____ **State** _____ **Zip** _____

Email: _____ **Occupation:** _____

Date of Birth: _____ **Age:** _____ **M** ___ **F** ___ **Other** _____

Are you Pregnant? ___ **Due Date** _____

How did you find us: **Google:** ___ **Infinity Acupuncture:** ___ **Gift Card:** ___ **Facebook** ___

Referred by: _____ **Other:** _____

Emergency Contact(name): _____ **Relationship:** _____

Phone #: _____

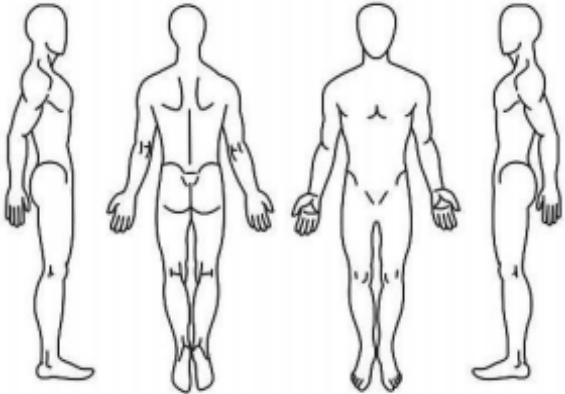
Have you consumed alcohol in the last 24 hours? **Yes** _____ **No** _____

Are you taking medication? ___ **Describe:** _____

Do you have a history of the following?

- ___ accidents ___ seizures ___ breast surgery
 - ___ neck pain ___ fibromyalgia ___ abdominal pain
 - ___ whiplash ___ diabetes ___ shoulder pain
 - ___ headaches ___ cancer ___ high blood pressure
 - ___ back pain ___ stroke ___ heart attack
 - ___ joint ache ___ sciatica ___ arthritis, bursitis
 - ___ knee pain ___ varicose veins ___ decreased ROM
- surgeries (type/date) _____
- allergies _____

Please circle any areas of discomfort



Do you have any of the following today?

- ___ sunburn ___ inflammation ___ severe pain
- ___ cold/flu ___ poison ivy ___ open cuts, bruises, burns
- ___ irritated skin rash

Have you ever received Massage Therapy? **Yes** ___ **No** ___

Are there any areas (feet, face, abdomen, etc.) you **do not** want massaged? yes no

Please explain _____

What are your goals/ expectations for this therapy session?

I understand that this massage is not a replacement for medical care and that no diagnosis will be made. Cancellations require 24 hour or sooner notice. Less than 24 hours notice/ same day or no shows will result in cancellation fee.

Date: _____ Signature: _____

PLEASE TURN OVER AND COMPLETE OTHER SIDE



Relax! Massage Therapy & Skin Care

Welcome!

We are glad you are here, and we look forward to helping you heal and feel your best! We are dedicated to supporting you in reaching your health and wellness goal and will be happy to answer any questions you may have!

PLEASE READ BEFORE SIGNING **CANCELLATION / NO SHOW POLICY**

It is the policy of Relax! Massage Therapy that we require at least a 24 hour notice for any cancellations or rescheduling. Any same day cancellations or no shows will result in a fee up to the entire service rate and any reschedules will incur a fee.

Please understand that our massage therapists are independent contractors, they are not employees. Compensation for providers is earned at the time of your payment for your appointment. As your time is valuable to you, please value the specific time that has been set aside for your appointment by your provider.

Please call our office to cancel or reschedule your appointment. Leave a detailed message if we are unable to answer and your call will be returned as soon as possible. Thank you for understanding.

By signing this I have read and understand the above.

Signature

Date

Printed Name

Covid Consent

I understand my treatment may create circumstances, such as the discharge of respiratory droplets or person-to-person contact, in which COVID-19 can be transmitted. I understand that I am opting for an elective treatment that may not be urgent or medically necessary, and that I have the option to defer my treatment to a later date. However, while I understand the potential risks associated with receiving treatment during the COVID-19 pandemic, I agree to proceed with my desired treatment at this time.

Signed: _____

Date: _____

MAIL PERMISSION

Yes, I would like to receive Thank You Cards and a yearly Birthday Coupon from Relax! Massage Therapy at my address listed. The return address label will have the name of the business on the envelope. We promise not to send **any** junk mail!

Signed: _____

Date: _____

PLEASE TURN OVER AND COMPLETE OTHER SIDE

