



File # _____

Massage Client Form

****Appointments not cancelled 24hrs in advanced will**

Today's Date _____

General Information

Name: _____

Address: _____

City: _____ ST _____ Zip : _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

Date of Birth: _____ How did you find out about our office? _____

E-Mail Address: _____

Are you in good health? : YES NO

If No, explain: _____

Have there been any changes to your health in the past year? YES NO

If Yes, explain: _____

Are you or have you ever been a GYM MEMBER of Eastpointe Health and Fitness? Yes No

MARK APPROPRIATE STRESS ZONES

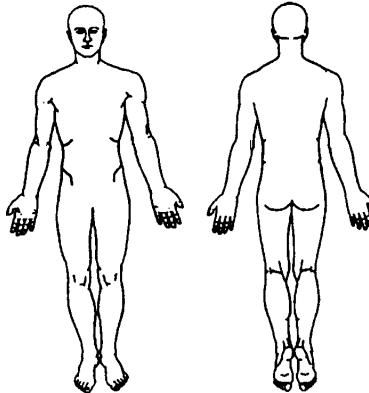
Mark as follows:

X = PAIN

O = TENSION

* = INJURY

~ = EXTRA ATTENTION



If you answer "YES" to any of the following questions, please explain in the space provided on the back.

Are you currently taking any medication?

Yes No

No

Are you Pregnant?

Yes No

No

Do you suffer from allergies?

Yes No

No

Do you suffer from arthritis?

Yes No

Do you have uncontrolled blood pressure?

Yes No

No

Do you have Varicose/Spider Veins?

Yes No

No

Do you suffer from stress?

Yes No

Do you bruise easily?

Yes No

Do you have any blood disorders?

Yes No

Do you have a heart disorder?

Yes No

Are you on any over the counter medications?

Yes No

Do you wear contacts lenses?

Yes No

Do you have any other injury your

Therapist should be aware of?

Yes No

If yes, explain: _____

PLEASE TURN OVER

If there is anything that you feel your therapist should know, but has not been addressed with the previous questions, please use the following spaces to explain:

Informed Consent: The above information is accurate to the best of my knowledge, and I give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand that this is not a medical treatment and this session is not a substitute for any medical diagnosis, treatment or examination. I understand that no inappropriate comments or conduct by will be tolerated, and that any indication of such will automatically end the session and will be charged the full amount of the scheduled service. I further understand that massage will be administered at the discretion of the therapist and any medical condition contraindicated to massage will disqualify me from receiving a massage, unless a Doctor's note is furnished.

Massage Recipient's Signature

Date

Therapist's Signature

Date

CANCELLATION/RESCHEDULE/LATE POLICY

A minimum of 24 hours notice is required to cancel or reschedule a massage. Clients giving less notice will be charged 50% of their massage fee. Any client who gives NO notice, and doesn't show up will be charged the FULL AMOUNT of their scheduled massage*. In the event a client should arrive late, every attempt will be made to allot the full time of your massage. However, if we cannot accommodate you, that time will be taken off you massage and you will still be charged for the full appointment. We have the right to deny clients who arrive excessively late.

Client's Signature

Date

***Scheduled massage time includes consultation with the massage therapist and dress time.**