ANGELA RAE, LMT
MASSAGE THERAPY
CLIENT INFORMATION

Name:_____ Date:_____

Address:_____ Zip:_____

Phone: home_____mobile_____ work_____

Email:_____ ☐ Please check if you do NOT wish to receive notices by email.

Date of Birth:_____ Occupation:_____

Who may we thank for your visit today?_____

Have you ever experienced a professional massage or bodywork session? yes/no

Please circle the reason for your visit today?
Stress reduction Optimal wellness Pain treatment For health condition:_____

Rate your level of stress 1-10 (10 being highest):_____ How many hours of sleep do you average? _____

Does your stress affect you negatively in any of the following ways?
Digestion yes/no Muscle Tension yes/no Skin yes/no Sleep yes/no

Please check all conditions which apply to you:

- ☐ Headaches/sinus trouble/TMJ
- ☐ Back pain
- ☐ Tension/soreness_____
- ☐ Stabbing pain_____
- ☐ Tingling_____
- ☐ Numbness_____
- ☐ Arthritis/painful joints
- ☐ Circulatory problems
- ☐ Contact lenses
- ☐ Skin sensitivities or allergies
- ☐ Sensitive to pressure or touch_____
- ☐ Depression/Inner tension
- ☐ Emotional trauma
- ☐ Stomach/intestinal problems
- ☐ Loss of memory/ringing in ears
- ☐ Lung problems

Please circle any of the following that apply to you:

Sunburn	Varicose veins	Recent surgery	Cancer	Epilepsy
Open wound	Edema	Pregnancy	Diabetes	M. Sclerosis
Bruising	Hi/Low Blood Pressure	Iodine allergies	Immune disease	Heart disease

In order to properly perform your services and avoid any contraindications, please list all health issues, including surgeries, conditions, allergies/reactions and treatment plans either diagnosed or prescribed within the last three years. In addition, please list all medications you are currently taking.

_____

_____

_____

_____

Are you under the care of a health professional? yes/no Name of provider_____

I understand that a certified spa/massage therapist is not a medical doctor and does not diagnose or treat diseases. Spa and massage therapy helps to assist in stimulating the body's own healing mechanisms by promoting movement of fluids, such as nutrients, oxygen, lymph and water through the body's fluid pathways, and aids detoxification, allowing my body to restore itself to its own natural balance. I take full responsibility for my health, and my signature on this form releases the therapist and owner(s) from any liability as a result of treatment. I certify that I am acting in my personal capacity.

Signature:_____Date:_____

(OVER)

ANGELA RAE, LMT

POLICIES

CANCELLATIONS:

Our time together is important. Unless there is an emergency, I request that you cancel your appointment 24 hours in advance or pay the missed appointment fee in full.

TARDINESS:

Please arrive 5 minutes early for your appointment. In order for me to uphold my professional standards of being "on time," I regret that I cannot give you additional time if you arrive late for your appointment. If for any reason ***I*** am late starting your session, you will receive the full scheduled time.

I allow 15 minutes for a late appointment. If after 15 minutes you have not called to let me know you are arriving late, I reserve the right to give the time slot to another client and you will be charged the full missed appointment fee.

GIFT CERTIFICATES:

All gift certificates expire 12 months from the date of issue. Appointments must be made on or before the expiration date. No exceptions will be made. Missed appointments void 100% of the gift certificate.

RETURNED CHECKS:

I charge a $25 fee on all returned checks.

_____

Signature Date

ANGELA RAE, LMT

Minor Release Form

By signing below, I give my consent to Angela Rae, LMT, to treat my child who is under the age of 18. I am aware of the bodywork being given and my child is willingly receiving treatment. I release Angela Rae, LMT of any liability relating to treating a minor.

_____

Minor's Name Date

_____

Parent/Guardian Signature Date

ANGELA RAE, LMT

Cancer Release Form

I acknowledge that I am a cancer patient, have been released from my physician to receive massage therapy and am willingly receiving bodywork. I release Angela Rae, LMT of any liability relating to my condition.

_____

Name Date