

New Client Registration

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Preferred Phone Number: _____ Cell Home Work (circle one)

Alternate Phone Number _____ Cell Home Work (circle one)

Occupation: _____

Emergency Contact: _____ Phone: _____

Referred by: _____ (ask for details about my referral program)

Have you ever received a professional massage? Yes / No Approx. date of last massage _____

Are you currently experiencing any cold or flu symptoms? Yes / No

Do you have any lumps, bruises, cuts, scrapes, etc.? Yes / No If yes, please explain _____

Women only: Are you pregnant? Yes / No If yes, how many weeks? _____

What areas would you like me to concentrate on today? ALL Head Face Neck Shoulders Chest Arms
 Hands Upper Back Middle Back Low Back Glutes Legs Feet

Are there any areas you would like me to avoid? Head Face Neck Shoulders Chest Arms Hands Glutes Legs Feet

Medical History and Information

Check any or all that apply to your present health:

headaches/migranes chronic pain varicose veins joint pain blood clots numbness/tingling

high/low blood pressure jaw pain/teeth grinding sprains/strains diabetes fatigue scoliosis

cancer/tumors breast implants anxiety arthritis infectious disease tendonitis skin problems allergies

Other not listed _____

List all medications and dosage:

List previous major injuries/surgeries:

Massage Therapy Informed Consent

By signing below, you agree to the following:

- ✧ I, _____, (please print) understand that massage therapy provided by The Suite Escape is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.
- ✧ I give my permission to receive massage therapy.
- ✧ I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- ✧ I have clearance from my physician to receive massage therapy.
- ✧ I understand the risks associated with massage therapy, include but are not limited to: superficial bruising, short-term muscle soreness, exacerbation of undiscovered injury. I therefore release the individual therapist, Alys Pettigrew, The Suite Escape, anyone conducting business as/for The Suite Escape, and/or The Cherry Tree Inn Bed and Breakfast or any of it's affiliates, from all liability concerning these injuries that may occur during the massage session.
- ✧ I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- ✧ I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he she may adjust accordingly. I understand that there shall be no liability on The Suite Escape or any of its affiliates or The Cherry Tree Inn Bed and Breakfast or any of it's affiliates part, due to my forgetting to relay any pertinent information.
- ✧ I understand that I or the massage therapist May terminate the session at any time.
- ✧ I have been given a chance to ask questions about the massage therapy session and my questions have been answered.
- ✧ I have read all of the therapist's policies and agree to abide by them.

Sign: _____

Date: _____