CLIENT INTAKE

Name (Last, First): _____ Date of Birth:

_____/_____/_____ Phone (Cell): _____ Email:

_____

Occupation: _____

Height: ____FEET _____INCHES Weight: _____LBS Gender: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

Explain any issues you want to address: _____

_____

_____

Please describe your typical day (work/hobbies/fitness): _____

_____

_____

Please check all that apply:

[_] Allergies
[_] Arthritis
[_] Diabetes
[_] Swelling
[_] Autoimmune Disease
[_] Mental Health issues to be aware of
[_] Blood Clot History
[_] Blood Pressure Issues
[_] Numbness, Dizziness, Tingling
[_] Osteoporosis
[_] Cancer/history or cancer/ Lymph Node
[_] Implanted Devices
[_] Cardiovascular Conditions
[_] Skin Conditions/Rashes
[_] Contagious Diseases
[_] Varicose Veins
[_] Breathing Issues
[_] Other:_____

Are you Pregnant **(Y) (N)** If **YES**, how many weeks:_____

List any Blood Thinners or Pain Medication: _____

_____

History of Surgeries/ Serious Injuries/ Dates _____

_____

_____

THIS IS A MEDICAL DOCUMENT AND ANY INFORMATION COLLECTED WILL BE USED SOLELY FOR THE PURPOSES OF DEFINING TREATMENT AND CONTACT CONCERNING PRIOR TREATMENTS. THIS INFORMATION WILL NEVER BE USED FOR ADVERTISEMENT PURPOSES.

IF ADDITIONAL ROOM IS NEEDED, PLEASE CONTINUE ANY NOTES ON BACK OF THIS PAGE

POLICIES AND PROCEDURES

[_____] (Initial) **CANCELATION AND MISSED APPOINTMENTS** – Must receive notice of cancelation 24 hours before your scheduled appointment. If you cancel your appointment less than 24 hours before it is scheduled to take place, you will be subjected to a 50% appointment fee. There is no exception to this unless under dire circumstances at management approval. Cancelations can take 5-7 business days to process. Package deals are non-refundable.

[_____] (Initial) **STANDARD OF SERVICE** – Only the highest standard of professional behavior will be tolerated. We have the right to refuse or discontinue service at any time for any reason. You agree to follow the rules and regulations. Violation of rules and regulations may result in the termination of your session. You will be responsible for payments in full.

[ ] (Initial) **UPDATED IN MEDICAL HISTORY** – Massage/Bodywork should not be performed under certain medical conditions, you affirm that you have stated all known medical conditions and answered all questions honestly. You agree to keep the practitioner updated as to any changes in your medical profile and understand that there shall be no liability on the practitioner's part should you fail to do so.

[ ] (Initial) **NOT A MEDICAL SERVICE** – You understand that the massage/bodywork you receive is provided for the basic purpose of relaxation and relief of muscular tension, If you experience any pain or discomfort during your sessions, immediately inform the practitioner so that the pressure and/or the strokes may be adjusted to your level of comfort. You understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that you should see a Physician, Chiropractor, or other qualified medical specialist for any mental or physical ailment of which you are aware. You understand that massage/bodywork practitioners are not qualified to perform final 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.

[ ] (Initial) **DISCLAIMER OF** LIABILITY – You understand and voluntarily accept any risks associated with your massage or any use of the facilities except where prohibited by law, you agree that "Sara Rowland" AKA "FRESH START MASSAGE LLC" will not be liable for any injury, including without limitation, personal, bodily, or mental injury, economic loss, or any damage to you resulting from negligence, other acts of the clinic, anyone on the clinic's behalf, or anyone using the services of the facilities of the clinic other provisions.

[ ] (Initial) **ENTIRE AGREEMENT** – This agreement constitutes the entire agreement between you and us. This agreement cannot be amended except in writing executed by both parties, California Law applies.

Signature: _____ Date: _____

Print Name: _____