

Classy Babie

Massage Intake Form

Personal Information

Name _____ Phone number _____

Address _____ City/State/Zip _____

Email _____ Primary Physician _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? _____

Medical Information

Are you taking any medications? Yes No

If yes, please list name and use: _____

Are you currently pregnant? Yes No

If yes, how far along? _____

Any high risk factors? _____

Do you suffer from chronic pain? Yes No

If yes, please explain _____

What makes it better? _____

What makes it worse? _____

Please circle any of the following that apply to you.

Cancer	Fibromyalgia	Headache/ Migraines	Stroke
Arthritis	Heart Attack	Diabetes	Kidney Dysfunction
High/Low Blood Pressure	Neuropathy	Sprains/ Strains	Blood Clots

Massage Information

Have you had a professional massage before?

What type of massage are you seeking?

Relaxation Therapeutic/Deep Tissue

Other: _____

What pressure do you prefer?

Light Medium Deep

Do you have any allergies or sensitivities? Yes No

Please explain _____

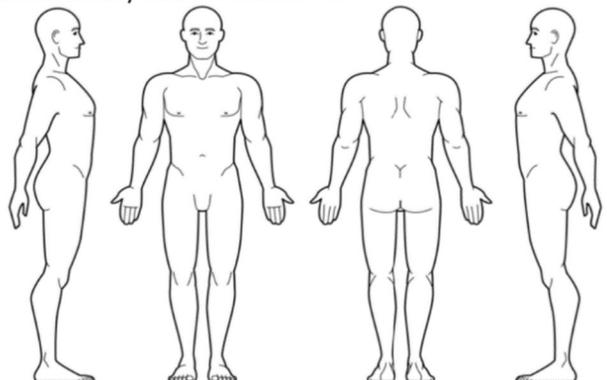
Are there any areas (feet, face, abdomen, etc.) you do

not want massaged? Yes No

Please explain _____

What are your goals for this treatment session?

Please circle any areas of discomfort



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By signing below, you agree to the following. I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Client Signature _____ Date _____

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General Liability Release Form

By signing below, you agree to the following:

1. I give permission to receive massage therapy.
2. I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
3. I understand that the massage therapist does not diagnose illnesses or injuries, or prescribe medications.
4. I have clearance from my physician to receive massage therapy.
5. 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 company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.

6. I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and there may be additional risks based on my physical condition.
7. 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.
8. I understand that I or the massage therapist may terminate the session at any time.
9. I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

Name (print): _____ Date: _____

Signature: _____

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Policy Notification

We appreciate that you've chosen us for your massage needs. To provide the best service possible to our clients we have implemented the following policies.

Cancellation Policy

We respectfully ask that you provide us with a 2-hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 2 hour notice we are often unable to fill that appointment time. This is an inconvenience to your therapist and also means our other clients miss the chance to receive services they need. For this reason, you will be charged 100% of the service fee for the missed session. We reserve the right to require a credit card number to be given to book your appointments, so that appropriate fees may be charged if a late cancellation does occur.

We understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, we request that you cancel your session. Inclement weather may also result in the need for late cancellations. We will do our best to give advanced notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis.

Late Arrival Policy

We request that you arrive 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this ever occurs so we so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled times. Full-service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

Inappropriate Behavior Policy

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in future. You will be charged the full-service fee regardless of the length of your session. Depending on the behavior exhibited we may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

By signing below, you agree to abide by these policies.

Client Signature: _____ Date: _____

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Precautionary Coronavirus Liability Release Form

Due to the outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitization and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Loss of Taste & Smell
- Difficulty Breathing
- Chills
- Nausea or Vomiting
- Diarrhea

I, _____ agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days.
- I understand that this business and my massage therapist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below, I agree to each above statement and release the massage therapist and business from any and all liability for the unintentional exposure or harm due to COVID-19.

Your massage therapist and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitization protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Client Signature _____ Date _____