

Client Information

Name:	_____	Date of Birth:	_____
Address:	_____	Zip Code:	_____
Email:	_____	Phone:	_____
Emergency Contact	_____	Emergency Contact	_____
Phone:	_____	Phone:	_____
How did you hear about us?	_____	Occupation:	_____
Is this your first Massage?	YES NO Please Circle One	Is this your first Myofascial Session?	YES NO Please Circle One

Medical Information

Any Allergies? _____

Any Medications? _____

Are you pregnant? **YES** **NO** How many weeks? _____
Please Circle One

List any Medical Conditions or surgeries: _____

Describe briefly your symptoms, pain, tension: _____

Are these due to an injury? If so, what happened? _____

When did your symptoms begin? _____ **Days / Weeks / Months / Years**

Are these symptoms making it difficult to do certain movements? Please describe: _____

What would you like our main goal to be today? _____

Are you seeing another practitioner, like a Dr, PT, Chiropractor? Please list their names and titles _____

Would you like us to share our findings with these other practitioners? **YES** **NO**
Please Circle One

Consent to Treat and Policies

1. If I experience discomfort during my session, I will immediately inform my therapists, so that the pressure/ strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
2. I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat physical or mental illness
3. I affirm that I have notified my therapist of all known medical conditions and injuries
4. I agree to inform the therapist of any changes in my health and medical conditions and injuries.
5. I understand that massage and bodywork is entirely therapeutic and non-sexual in nature.
6. By signing this release I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.
7. By signing this release I authorize Skin to Soul to use my email to send promotional information to.
8. I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment.
9. I understand that there are no refunds for any purchases made at Skin to Soul, but I may be able to transfer any sessions or classes to another person subject to Skin to Soul's decision.
10. I understand that while every effort will be made to accommodate my schedule and requests, Skin to Soul may not always be able to accommodate my requests for certain therapist.
11. I understand Skin to Soul is not responsible for my child and children 12 years old or younger are not permitted to be unattended in the office.
12. I understand that my credit card will be stored in Skin to Soul's secured database and that I will be charged the full fee for any missed appointment or no show, according to Skin to Soul's *24 hour and no show policy*.

Client Name: _____

Clients Signature: _____ Date: _____