Massages with Purpose and Skin Care

... Where Healing Begins

(321) 480-9986 MM35261 **2070 Meadowlane Ave, W. Melbourne, FL 32904**

PATIENT INFORMATION: **Today's Date:** _____

Name: _____ Home/Cell Phone: _____

Occupation: _____ Date of Birth: _____ Email: _____

Emergency Contact Person: _____Phone: _____ Referred By: _____

When was your last professional massage? _____ Do you consent to: Aromatherapy Y __ N __ / Hot Stones Y __ N __

What massage pressure do you prefer? Light ___ Medium ___ Deep ___ Other Information: _____

Please list your GOALS FOR THIS SESSION and areas of tension, stress and/or pain you wish to be addressed:

_____

_____

Please indicate any of the following that apply to you:

◯ TMJ	◯ Headaches / Migraines	◯ Arthritis	◯ Joint Replacement(s)	◯ Neuropathy / Numbness
◯ HIV / AIDS	◯ High/ Low Blood Pressure	◯ Neurological Disorders	◯ Blood Clots	◯ Hemophilia / Bruise Easy
◯ Sprains/ Strains	◯ Heart Attack	◯ Brain Injury	◯ Kidney Dysfunction	◯ PTSD
◯ Currently Pregnant	◯ Fibromyalgia	◯ Bulging or Ruptured Disc	◯ Stroke	◯ Infectious Disease
◯ Epilepsy/ Seizure	◯ Anxiety __ / Depression__	◯ Chemotherapy/ Radiation	◯ Cancer	◯ Athlete's Foot/ Fungus

Please list any medical conditions, surgeries, injuries, broken/dislocated bones, or scars that your therapist should be aware of:

(1) _____ (4) _____
(2) _____ (5) _____
(3) _____ (6) _____

Is there other information about you that your therapist needs to know prior to your session?

_____

_____

Your Appointment Time has been reserved for you. Out of respect and consideration to your therapist(s) and other customers scheduled after you, please plan accordingly by putting your appointment time on your calendar and be on time**. 24 hour Cancellation Policy**, advance notice is required when cancelling an appointment. Massages with Purpose is unable to absorb the losses for no-shows or appointments cancelled less than a 24 hour period of the scheduled appointment. We understand how difficult it can be at times to deal with life's stressors and sudden illnesses, however, when a client does not show up for their session, it takes away an opportunity that could've been offered to someone else. For this reason, a full 24 hour notice is expected for cancellations & reschedules.

Late cancellations and no shows will be charged the full session fee at your next visit. _____

I understand that Sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated, and will result in **immediate termination of the session**, and I will be **liable for full payment** of my appointment. _____

I understand that I am receiving therapeutic services that Massages with Purpose offers, at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid therapeutic services offered, I hereby hold harmless and indemnify the therapist, Massages with Purpose, their principals, and agents from all claims and liability whatsoever. I have read and understand that Massages with Purpose complies with the HIPPA privacy `requirements. _____

I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform my massage therapist if anything changes in my status. I understand that massage/bodywork I receive is for the purpose of stress reduction and the relief from muscular tension, spasm or pain and to increase circulation, and is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services. If I experience any pain or discomfort, I will immediately inform my massage therapist so that the pressure and/or methods can be adjusted to my comfort level. _____

CLIENT SIGNATURE _____ **DATE** _____