CLIENT INFORMATION
(PLEASE PRINT CLEARLY)

Living Light
MASSAGE & WELLNESS CENTER

Today's Date ______________________

First ______________________ Last ______________________

Address ______________________

City ______________________ State __________ Zip __________

Phone: Mobile ______________ Home ______________ Work ______________

Occupation ______________________

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ Yes, I would like to receive special discounts and promotions   Birthday ______/______/______

In our efforts to promote massage and reach new clients, could you please tell us how you heard about us?

Referral: ☐ Family ☐ Friend ☐ Doctor ☐ Hotel ☐ Business Please specify ______________________

Other: ☐ Phonebook ☐ Drive By/Sign ☐ Direct Mailing ☐ Website/Email Blast ☐ Gift Certificate

☐ Advertisement: ______________________

☐ Event: ______________________

Have you received a professional massage or bodywork session in the past? ☐ Yes ☐ No

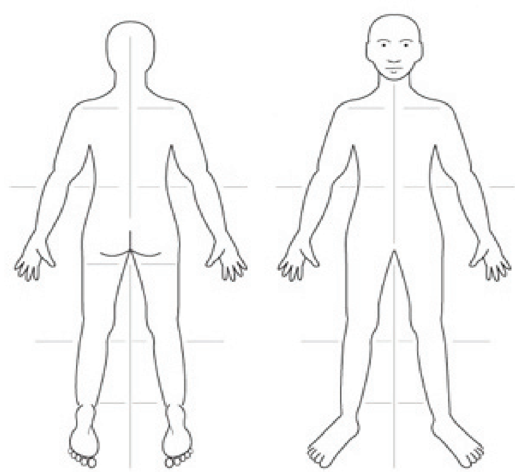
If yes, was your experience pleasant? ☐ Yes ☐ No If not, why? ______________________

If yes, when was the date of your last session? ______________________

What is your massage pressure preference? ☐ light ☐ medium ☐ deep ☐ combination

What are your common areas of pain or tension?

(Please circle on chart)



Please list any areas to be avoided: ______________________

Continued on back →

Do you have any allergies (nuts or others)? If yes, please specify _____

_____

Are you sensitive to any oils, lotions or fragrances? If yes, please specify _____

_____

Are you taking any medications? (Include non-prescriptive drugs/supplements)

☐ Prescription skin creams ☐ Transdermal patches ☐ Aspirin ☐ Tylenol ☐ Motrin/Ibuprofen ☐ Diuretics

☐ Antibiotics ☐ Herbs ☐ Vitamins ☐ Heart medicine ☐ Allergy medicine ☐ Pain medicine

List any medications here _____

_____

Please check if you currently have or have had in the past any of the items below:

☐ Neck/back injuries
☐ Headaches, migraines
☐ Seasonal allergies
☐ Arthritis
☐ Cancer
☐ TMJ/jaw problems
☐ Abnormal skin condition
☐ Heart/circulation problems
☐ High/low blood pressure
☐ Major accident
☐ Varicose veins
☐ Blood clots
☐ Implants
☐ Diabetes
☐ Fibromyalgia
☐ Numbness/Shooting Pains
☐ Sprains
☐ Recent injuries
☐ Fusions, pins or screws
☐ Contacts lenses
☐ Pregnant, if yes, due date:_____

Please explain any conditions that you have marked above _____

_____

_____

_____

_____

Have you had any major life changes recently? _____

_____

I understand that massage therapy is provided for the basic purpose of relaxation and relief of muscle tension. Massage therapy is not a substitute for medical diagnosis and/or treatment. If I experience any pain or discomfort during the session, I will alert the practioner so modifications can be made. Because massage therapy is contraindicated under certain medical conditions, I agree to fully disclose all of my known medical conditions and medications. I agree to keep my medical profile updated and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will still be responsible for full payment of the session.

My signature also indicates my consent to the following: Failure to cancel appointments at least 24 hours in advance or failure to show up for my appointment will result in a charge of 50% of the scheduled appointment fee which will be processed on the credit card retained on file to reserve appointments. If a credit card is not available to charge I understand that a bill will be sent to my home and agree to pay such bill.

Signature _____ Date _____

(If under 18, signature of parent or guardian)

Parental Consent for Clients Under 18: By signing above I hereby authorize the massage therapists at Living Light Massage to provide massage therapy services to my child or dependent. I also approve of any future sessions until further notice.

THANK YOU - ENJOY YOUR SESSION

☐ EC ☐ DBE ☐ TY Date _____/_____

Form Date 9/15/13