

## NEW CLIENT FORM

**PLEASE WRITE CLEARLY:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

How did you hear about Freedom Massage? \_\_\_\_\_

Have you ever had a massage before? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

**What is your preferred level of conversation during your massage?**

I like to talk / Some but I will lead the conversation / I prefer silence.

(Please note: your therapist may ask about pressure during your session)

Would you like reminder calls for your appointments? Yes / No

What is your occupation: \_\_\_\_\_ Are repetitive motions involved? Yes / No

How frequently do you exercise? Daily / Several times a week / Occasionally / Never

Are you often sore after exercise? Always / Occasionally / Never

Do you stretch? Yes / No If so, how often do you stretch? \_\_\_\_\_

**Medical Concerns please CIRCLE if applies:**

Blood Clots/Aneurysms / Heart Condition / Diabetes / Epilepsy / Spinal Injuries

Head Injuries / Skin Rash/Allergies / Varicose Veins / High Blood Pressure

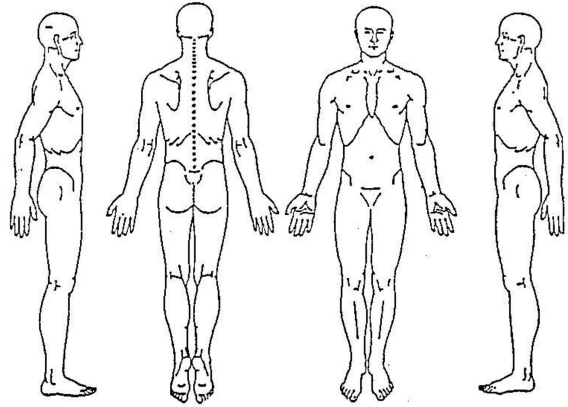
Bruise Easily / Chronic Soreness / Pregnant / TMJ / Headaches

Have you ever been treated for cancer? \_\_\_\_\_

Do you have any contagious diseases? \_\_\_\_ If yes, please explain: \_\_\_\_\_

Recent Surgeries? \_\_\_\_ List: \_\_\_\_\_

Please list all medications you are currently taking: \_\_\_\_\_



**Please mark at right** which areas you currently feel are tense on your body and need special attention:

Please write any area you **don't want worked on**:

\_\_\_\_\_

Do you want **glutes** worked on (buttocks)? \_\_\_\_\_

Do you want **abs** worked on? \_\_\_\_\_

So we can give you the help, care, and support you deserve, please let us know anything else you think is important in regards to your health:

\_\_\_\_\_  
\_\_\_\_\_

**Please carefully read below.** Please note — your signature below validates you are responsible to share important/additional health information with your therapist today and at all appointments in the future:

*I, \_\_\_\_\_ have stated all conditions I am aware of, and this information is true and accurate to the best of my knowledge. I will inform my health care provider and massage therapist if anything changes in my status. 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. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services. **Verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated.** I understand that I am receiving massage therapy 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 a foresaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and Freedom Massage from all claims and liability whatsoever. Under no terms or condition will I hold Freedom Massage liable for any unforeseen health changes before, during, or after my session. I understand my session is primarily for relaxation, body awareness, and stress reduction.*

**Minors:** If massage is being done on a minor, the signature below provides an understanding that “the signer” is responsible to make sure the minor feels safe. By law, absolutely no one under 18 will be massaged without a parent or guardian in the room. No action will be taken against Freedom Massage for treatment with this signature — all responsibility lies on the person whom signs.

Client (please print): \_\_\_\_\_

Client Signature/Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist (please print): \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OUR HELPFUL POLICIES EXPLAINED

Please review these policies to help us help others:

### **Gift Cards:**

We are not responsible for lost or stolen gift cards. If you forget your gift card you will be responsible to pay for your session.

### **Cancellations**

We understand that unanticipated issues may arise in everyone's life. If for some reason you are not feeling well or anticipate a potential missed appointment please contact us. In our effort to be effective and fair to all clients, 24-hour advance notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you neglect to give us 24 hours advance notice you will be charged \$55.00 for your first missed time or full amount of your appointment on your second missed time.

### **Late Arrivals/New clients**

All clients- If you arrive late, your session may or will be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the full session. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time.

### **No-shows**

Anyone who either forgets or consciously chooses to skip their appointment will be considered a "no-show" and will be charged the full amount for their missed appointment. We send out email reminders, text messages, and do confirmation calls (if requested) in order to avoid missed appointments.

### **Appointment Reminders**

Please note: We will send you an email two days before your scheduled time.

I have read and acknowledge the Freedom Massage policies :

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_