

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 Pain Pregnant TMJ Headaches Neurological Issues

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: _____

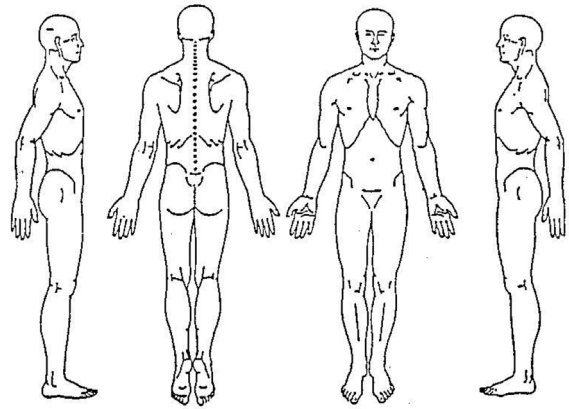
Please mark at right which areas you currently feel are tense on your body and need special attention:

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:

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 canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you neglect to give us **24 hours advance notice** you may be charged \$50.00 for your first missed time or full amount of your appointment on your second missed time.

New Clients

Please note you can fill out your paperwork ahead of your appointment on our website and bring it with you. www.freedommassage.com/services/what-to-expect If not, please come a few minutes early so you do not lose any time on the table.

Late Arrivals

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 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.

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. Gift Cards may not be combine with any other offers or discounts.

I have read and acknowledge the Freedom Massage policies :

Print name: _____

Signature: _____

Date: _____