

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: _____

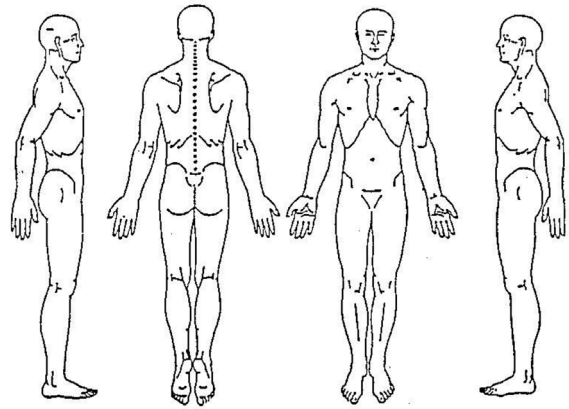
Please mark at right which areas you currently feel are tense on your body and need special attention:

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: _____

ETHICS FOR MASSAGE THERAPISTS IN PA AND FOR FREEDOM MESSAGE

Freedom Massage therapists are all licensed professionals. They all have the required hours of schooling and training needed in the state of Pennsylvania. In order to keep their license in good standing they each take continuing education classes and get more training here at Freedom Massage. Our goal is to create a safe and professional environment for people to experience the many benefits of our chosen craft.

1. Congratulations on your choice to practice self-care with massage therapy.
2. The answer is – **YES!** Try other massage therapists here! We support it! We encourage it! We all have subtle strengths. We invite you to discover what you like about our **ENTIRE TEAM**.
3. Our therapists are excited to work with you at Freedom Massage. However, they will not be in touch *outside of Freedom Massage*. We are unable to accept personal information, give personal information, accept “Friend Requests” on Facebook, or any other form of social media. It is suggested in our code of ethics for PA, and we follow those guidelines here at Freedom Massage.
4. Out of respect for your privacy and keeping our professional boundaries, if a Freedom Therapist sees you in public, they will not initiate contact. If you decide to initiate interaction, please keep in mind that the therapist will likely keep conversation to a minimum.
5. All outside job opportunities for massage, chair massage, or anything related to self-care should be passed on directly to our Owner. The direct line to our owner is on her business card. All scheduling for our therapists is done in house *only*. If you need to email a therapist you can do so at freedomsscheduling@gmail.com, just note their name in the subject.
6. The massage is all about YOU. Our therapists will not initiate conversation during session, unless it is about pressure or YOUR comfort level. Of course they will respond if you initiate conversation, though their answers may be brief as suggested in the PA code of ethics.
7. Please remember to let us know what areas you **do not want** worked on.
8. Please let us know what areas you would like us to **focus on**.
9. Please let the therapist know if you would like **more, less, or the same** pressure during sessions. Your input is very valuable.

10. Let us know if you are *too cold or warm*. We can turn up the heated table or make adjustments.
11. Each room has a white noise machine. Please let us know if you would like us to turn it off before or during the session.
12. Please help us keep a quiet space upstairs. ***Please turn off your cellphone, speak quietly, and be mindful when walking up stairs.***
13. We want you to be 100 percent happy with your experience. Please feel free to call the Owner directly with any feedback. The direct line to our owner is on her business card.

Any suggestions, feedback? We want to hear it! You will get the Owner's contact information after your session. Do not hesitate to contact her.