

NAME		DATE OF BIRTH	
EMAIL		Date of Last Massage	
ADDRESS	CITY	STATE	ZIP
YOUR OCCUPATION			
HOW DID YOU HEAR ABOUT US?		REFERRED BY	
LIST REGULAR EXERCISE/SPORTS AND FREQUENCY			
MOBILE PHONE		Medications currently Taking	
EMERGENCY CONTACT NAME & NUMBER			
MEDICAL CONDITIONS – PLEASE CHECK ALL CONDITIONS THAT APPLY			
Headache	Back Pain	Dizziness	Low Energy
Leg/Knee Pain	Hip Pain	Arm/Shoulder Pain	Tendon/Joint Injury
Numbness/Tingling Where	Muscle Spasm	Hand/Foot Pain	Skin Condition
Accident, Injuries, and/or surgeries in the last 2 years? Please list, including date of occurrence			
What is the reason for your massage today?		What kind of pressure do you prefer? Light/Medium/Firm/Deep	
How long have you had this condition/injury?		Have you seen a doctor for this condition/injury?	
Do you have any allergies to oils, lotions or ointments?		Do you have sensitivity to any scents?	
<i>Truly Massage does not perform prenatal/postnatal massages and highly recommends Between Heaven & Earth Body Therapy for your prenatal/postnatal massage needs!</i>			
LEGAL INFORMATION: BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING			
<p>If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.</p> <p>Client Behavior - 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 be liable for payment of the scheduled appointment.</p> <p>Cancellation Policy: To avoid being charged a late cancellation or no-show fee, please let Truly Massage know 24 hrs hours prior to your appointment time if you will be unable to make your scheduled appointment. New clients of Truly will require a \$25 deposit to schedule an appointment. This will be applied to the full cost of your massage on the day of your appointment when your massage is completed. If you are unable to make your appointment, please let Truly know 24hrs in advance that you will be unable to make your scheduled time, and you will receive the full refund of your deposit. If you are a no show, please note that you will be charged the full of the amount of your session.</p> <p>Email Policy – I understand that Truly Massage will use my email address for appointment reminders, promotions, and news from Truly Massage only. Truly Massage understands that privacy is very important and will not sell, rent, or give client information out.</p> <p>Privacy Policy – All Client information is held strictly confidential except where required by law.</p> <p>Understanding all of this, I give my consent to receive care.</p>			
Signature		Date	

