

BODY ZEN

MASSAGE & HEALTH SCIENCES TM SM



Invest In Your Health TM SM

Name: _____

Date of Birth: _____ Today's Date: _____ Male Female

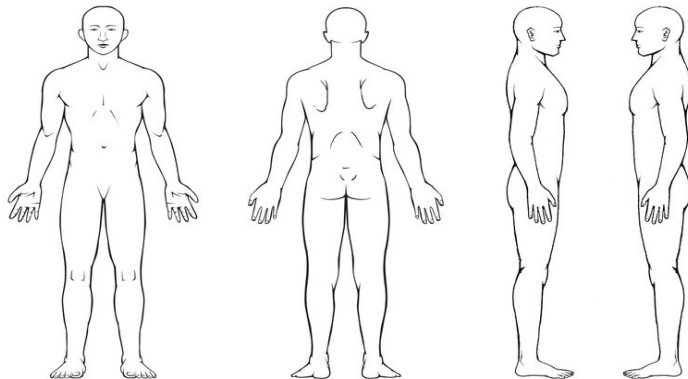
Phone: _____ Emergency Contact: _____

Email: _____ Email List? Yes No

Area you live in: _____ Occupation: _____

Do you have any injuries or areas that you do not want worked? _____

Please **circle** *focus areas*, and please **shade** *injuries and areas to avoid*



Massage Type(s)? NMT/Deep Sports/Medium Swedish/Light **Are you pregnant?** Yes No

How many massages have you ever had? First One 1 2 3 4 5 10 20 30 50 100 +

What muscles do you want worked the most? Which are tightest? _____

What is your favorite part of getting a massage? _____

Do you have any health or personal training goals? _____

Any allergies or are you taking any drugs or medications? _____

How frequently do you get massages? Weekly Monthly Quarterly Yearly

The next page is on the other side

Client Waiver Form

- **Massage therapy & bodywork therapy** is for stress reduction, stress management, relaxation, relief from pain and muscular tension, recovery from injuries and improvement of circulation, energy flow and overall health and well-being and **is not a substitution for other forms of medicine.**
- It is essential and vital to **keep a balanced diet** which includes hydration and proper electrolytes, and time to **recover from injuries that massage therapy could exacerbate** and I will **consult other healthcare providers** or specialists with any questions that are not in the scope of massage therapy whenever needed.
- I agree to **always keep the therapist informed of my health and medical conditions** and will **not hold the therapist liable** should I forget to do so.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I understand that **massage therapy & bodywork therapy** done on the table **can not appropriately address the vital subvertebral muscles** and I understand that **other forms of therapy** such as stretching, posture training and or other forms of therapy or medicine **may be necessary** to address these muscles to prevent injuries and improve health.
- I understand that while my massage therapist is doing their best to provide me the best massage therapy and or bodywork therapy possible, I understand I **may need to inform my massage therapist of my draping customs and or preferences** and am comfortable **adjusting the draping on my own** also if needed.
- I understand that **while my therapist is qualified to practice wholistic and complimentary medicine, they are not qualified to diagnose, prescribe, or treat** mental illness or practice general medicine, or perform chiropractic adjustments.
- I understand that my therapist is highly trained, cares about me and my condition & will do their best to provide me safe quality massage and or bodywork therapy.
- I understand the above to be true and have the option of speaking to my therapist and asking questions at any time:

Client Signature: _____

Therapist Signature: _____

Today's Date: _____

And last but not least: you can say a number from 1/light to 10/deep to indicate pressure vs saying an entire sentence, with 7 being a 'good pain' and 8+ being bad or damaging pain. And we love it when you communicate with us!

Enjoy Your Massage!