

Name: _____ Today's date: _____ Date of Birth: _____

Phone: _____ Email: _____

Would you like to join my mailing list? Yes / No Who referred you? _____

When was the last time you received a massage: _____

What is your main reason for getting a massage today? _____

Do you have any allergies? _____

Are you sensitive to incense smoke? _____

Favorite scents? _____ Scents you dislike? _____

Are you pregnant? Yes / No If yes, how far along? _____

Are you on any medications? Yes / No If yes please list: _____

What is it for? _____

Do you have any injuries? _____

Any areas you would like focused on? _____

Areas to avoid? _____

Anything else you would like to add: _____

If you are late, I will need to cut your session short in order to keep on schedule. You will be contacted within one day before your massage to confirm our appointment. If you have to cancel your appointment with less than 24 hours notice, or do not make it to your appointment you will be required to pay for the whole session fee. This Cancellation Policy does not apply in case of emergency or sudden illness.

By signing, you are agreeing to the terms above and are confirming that you have shared with me your health conditions and history best of your knowledge. All of our conversations and your personal information will be kept confidential. Thank you.

Signature: _____ Today's date: _____