SYNERGY WELLNESS

CLIENT CONSULTATION & POLICY AGREEMENT

Name: _____ **Gender:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Home/Cell Phone: _____ **Work /Alternate Phone:** _____

Email Address: _____ **Birth Date:** _____

Emergency Contact: _____ **Phone:** _____

Occupation: _____

How did you find out about us: _____

HISTORY RECORD

Have you ever received a Massage Therapy Session before? 0 **Yes** 0 **No**

If so, when was your last session: _____

Are you currently pregnant: _____ **Are you wearing contact lenses:** _____

Have you had any of these health conditions in the past or present? (Please check all that apply)

O High blood pressure 0 **Cancer** 0 **Arthritis** 0 **Tendonitis** 0 **Spinal injury** O **Skin Irritation** 0 **Allergies** 0 **Seizures** 0 **Headaches** 0 **Poor Blood Circulation** **Other/s :**

_____

Do you have any illnesses that the Massage Therapist should be aware of? 0 **Yes** 0 **No**

If so, please explain: _____

Are you under the care of a Physician, Physical Therapist, Chiropractor, other? 0 **Yes** 0 **No**

If so, please explain: _____

CLIENT GOALS

What are your goals for this Massage Therapy Session today and long term? _____

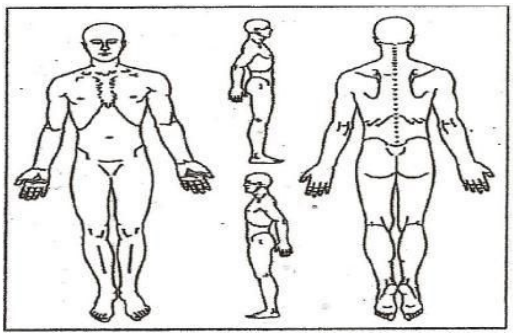
- o **Soothe Aching Muscles** 0 **Stress Reduction** 0 **General Health** 0 **Enhance Training**
- o **Injury Recovery** 0 **Other Goals:**

What type of pressure do you prefer? 0 **Very Deep** 0 **Deep** 0 **Firm** 0 **Medium** 0 **Light** 0 **Not Sure**

Are there any areas of the body that you want the Massage Therapist to avoid? 0 **Yes** 0 **No**

If so, please explain: _____

Using the diagram located in the box, please shade the area/s in which you would like to focus on or are experiencing muscle pain...



THERAPIST NOTES:

Turn Page for Policy Agreement - Side 1 of 2

SYNERGY WELLNESS

Massage Client
Policy Agreement

Please read the following Policies and Agreements carefully. The following information pertains to your massage therapy session for today and all subsequent appointments. Please feel free to ask any questions. Once you understand this agreement completely, please sign and date it at the bottom where indicated. This document will be included with your master file at Synergy Wellness. If you would like a copy, just ask. Thank you!

1. All of the information, including any pertinent medical conditions, contained on my Client History Form is accurate to the best of my knowledge.
2. I will take full responsibility to inform my therapist if any pertinent changes have taken place in my health since my last massage session.
3. The purpose of my visits with my massage therapist is strictly for stress reduction, release of muscular tension/spasm and overall relaxation. This is not a substitute for medical diagnosis, examinations, treatments or prescriptions regarding illness, ailment or disease.
4. I am fully aware that this is a non-sexual massage. Any misconduct or inappropriate behavior in this way will result in immediate termination of the session with full payment due.
5. I agree to pay by cash, check or credit card after the time services are rendered. If my check bounces, I agree to pay a service fee of $25. If any additional fines are incurred, with proof, I will cover those fees as well.
6. **I understand that there is a 24-hour Notice of Cancellation policy strictly enforced. Failure to do so will result in a fee 50% of the rate of the session scheduled. Any "no-show" of a given session will result in a fee of 100% of the total session scheduled.**
7. If I am late for an appointment, I understand that my session will end at the originally scheduled time and I will make full payment for the session as scheduled.
8. I agree to have good personal hygiene for each and every session.

Other important items noted:

- No strong scented perfumes
- Will not arrive under the influence of drugs or alcohol
- Cell phone turned off
- Any information you provide to Synergy Wellness will remain confidential...
- Your Privacy Is Our Policy!

Client Signature_____ **Date**_____

Massage Therapist Signature_____ **Date**_____