

Name: _____ Date _____
 Address: _____ Apt/Suite: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Mobile: _____ DOB _____
 Email: _____

How did you hear about us? _____

YES / NO I would like to receive information about upcoming events and promotions.

YES / NO I am interested in finding out about massage in my workplace.

HISTORY

All information noted on this form and during your massage session is kept strictly confidential between yourself and your massage therapist.

Previous massage & frequency: _____ Reason for massage: _____

Benefits or results you would like to achieve from today's massage: _____

The following information will help us tailor the massage to your needs (circle all that apply):

Allergies	Cancer	Epilepsy	Infectious condition	Pregnancy
Arthritis	Cramping	Fatigue	Inflammation	Sciatica
Back problems	Contact lenses	Headaches	Insomnia	Sinus
Blood clots	Dental work	Heart condition	Joint problems	Skin problems
Bruising	Depression	High/Low BP	Phlebitis	Varicose veins

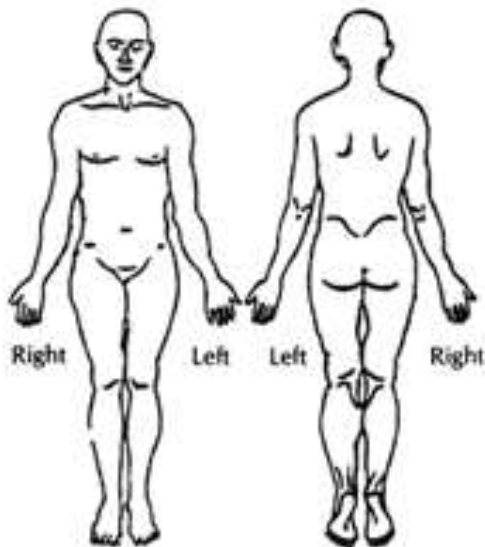
Explanations: _____

Recent surgeries: _____

Current medications: _____

Do you have a current injury, illness, or condition which requires special attention or care at this time?

Note any anatomical areas of tension, pain, or chronic distress:



Circle an Add-on to upgrade your massage:

Cupping Therapy \$15

Targeted Muscle Therapy \$15

Sugar Scrub Therapy \$15

CLIENT WAIVER

I, the undersigned, agree to hold harmless The Healing Joint LLC, its venue, its founders, employees, agents, and all other persons from any and all claims, actions or demands by any other party or individual which may arise out of or result from my participation in any treatment with The Healing Joint LLC.

Signed: _____

Date: _____