

Self Balance Massage, INC ~ Health Information

8221 NE Hazel Dell Ave., Suite 103 Vancouver WA 98665 • phone (360) 977-6090 • fax (360) 836-5659

Name: _____ Birth Date: ____/____/____

Address: _____ City: _____ State _____ Zip _____

Phone: () _____ Home Cell Text or Call Male Female Other

Occupation: _____ E-mail: _____

In case of an emergency, please contact: _____ Phone: _____

1. Have you ever received a professional massage or spa treatment before? Yes No
2. Do you have any allergies to essential oils, certain cream/lotion? Yes No
3. What type of pressure do you like? Light Medium Firm
4. Do you have any medical conditions or injuries that we need to know about? Yes No
If yes, please explain _____
5. Are you currently taking any medications? Yes No If yes, what? _____
6. Are you pregnant? Yes No ***If yes, please inform your therapist and fill out a Pregnancy Release form***

• How did you hear about Self Balance Massage?

gift website sign Chuck's Yelp referral /who _____ other _____

• How often would you like a massage? 2x month monthly 6x/year 4x/year other _____

• What are your massage or bodywork goals? _____

• Do you have a health savings account? Yes No

I have provided all my known medical conditions and injuries. I understand that the services offered today are not a substitute for medical care. I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, increased circulation. If I experience pain or discomfort during the session, I will immediately inform my practitioner so that the pressure/strokes can be adjusted to my level of comfort. I will not hold my practitioner responsible for any pain or discomfort I experience during or after the session. I give my consent to receive treatment.

Signature: _____ Date: ____/____/____

Signed Parent/Guardian Permission if participant is under 18 years of age

Signature of parent: _____ Date: ____/____/____

Office Use: ____ Cx ____ MC ____ TY ____ CHP ____ Other Insurance _____
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Session Time

initial

Please arrive 5 minutes before your service so you can receive your full amount of hands on time. Your massage will end on time so that the next client is not inconvenienced, and the **full treatment price will apply**. In the event that we are running late, you will still receive your full amount of scheduled time.

Draping /Coverage

initial

We drape or cover the body using a sheet or towel when doing massage and spa treatments. We do this because it is required by law, and because we feel most comfortable working that way. If you are a client who wishes to receive a massage without being covered, please seek a different massage therapist.

Cancellation / No Show

initial

A 24-hour cancellation notice is appreciated. All no call/no shows will be billed 1/2 of the session fee and collected at your next appointment. If you are using a gift certificate, rather than being billed, your massage will be considered as having been used.

Delinquent Accounts

initial

We will assess & collect any additional fees related to collection of delinquent accounts.

If you have a Medical Referral for massage please fill out this section

- Do you frequently suffer from stress? Yes No
- Do you have diabetes? Yes No
- Are you pregnant? Yes No
- Do you have from arthritis? Yes No
- Are you wearing contact lenses? Yes No
- Are you wearing dentures? Yes No
- Do you have high blood pressure? Yes No
- High blood pressure medication? Yes No
- Do you have from Epilepsy or Seizers? Yes No
- Joint pain or swelling? Yes No
- Do you have varicose veins? Yes No
- Do you have any contagious diseases? Yes No
- Do you have osteoporosis? Yes No
- Do you have allergies? Yes No
- Do you bruise easily? Yes No

- Broken bones in the past two years? Yes No
- Any injuries in the past two years? Yes No
- Tension or soreness is specific area? Yes No
Specify: _____
- Cardiac or circulatory problems? Yes No
- Do you have back pain? Yes No
- Numbness or stabbing pain? Yes No
Specify: _____
- Sensitive to touch or pressure? Yes No
- Have you ever had surgery? Yes No
Explain: _____
- Other medical conditions or medications? Yes No
Explain: _____

