

Sacred Space

Massage Therapy Guest Registration

PERSONAL CONTACT INFORMATION:

Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: ____ Zip: _____ Phone: _____

E-mail address: _____

If I need to call you about an appointment, is it okay for me to leave a message? Yes _____ No _____

MASSAGE INFORMATION:

If you have a specific medical condition or specific symptoms, massage may be contraindicated.

Have you received professional massage before? Yes _____ No _____

What are your goals for today's session: Relaxation Pain Relief Maintenance Massage Other

What specific areas would you like to focus on today? _____

What previous or recent accidents, injuries, surgeries, or health conditions do you have that could affect today's massage?

Are you currently under the care of a physician for any reason? Yes _____ No _____ If yes, please explain:

List medications/supplements & their purpose _____

Are you allergic to any substances (i.e., oils, nuts, fragrances, etc)? Yes _____ No _____ If so, please list them here:

Are you pregnant? Yes No N/A If yes, due date: _____

Are there any other issues, concerns or information you would like your massage therapist to know?

Appointment times have been reserved exclusively for you. I regret late arrivals will not receive an extension and will be responsible for the full service fee. A \$35 fee will be added to returned checks. It is the policy of Sacred Space to respect and maintain the privacy and confidentiality of the client; to disclosed the client's record or information about the client only with the client's consent or as required by law; and to adequately safeguard confidential client information, including storage and disposal of records.

I understand that the massage I receive is provided for the basic purpose of relaxation and the relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that pressure/stroke may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical or chiropractic examination, diagnosis or treatment. Because massage should not be performed under certain medical conditions, I affirm that I have stated all of my known conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical/health status. I assume all legal responsibility for my health and well being. I release Sharon Dulaney, RMP, trading as Sacred Space, from any and all present and future responsibility. I understand that Sharon Dulaney, RMP reserves the right to terminate my session if deemed necessary. If I am uncomfortable for any reason, I may ask for the massage to cease and the practitioner will end the session immediately.

Client Signature: _____ Date: ____/____/____

Parent/Guardian _____ Date: ____/____/____