

Name _____ Birth date _____

Address _____ City _____ State/Zip _____

Email _____

Telephone H _____ W _____ Cell _____ (text ok? _____)

Emergency Contact name and phone # _____

Insurance Company _____ Policy # _____

Physician name and phone # _____

Occupations _____

Recreational Activities / Exercise _____

Yes _____ No _____ Recently injured, ill or hospitalized?

Yes _____ No _____ Presently under a physician or health practitioner's care?

Yes _____ No _____ Currently taking any medications, homeopathic remedies or supplements?

Yes _____ No _____ Any surgeries?

Yes _____ No _____ Dislocated joints, herniated discs, broken bones, fractures, torn cartilage/ligaments?

Yes _____ No _____ Arthritis, pain or inflammation? Where? _____

Yes _____ No _____ Numbness or tingling? Where? _____

Yes _____ No _____ High (low) blood pressure and take medication for it? _____

Yes _____ No _____ Heart conditions?

Yes _____ No _____ Insomnia, depression or low energy?

Yes _____ No _____ Headaches?

Yes _____ No _____ Communicable diseases?

Yes _____ No _____ Infections?

Yes _____ No _____ Digestive problems?

Yes _____ No _____ Skin conditions?

Yes _____ No _____ Allergies to oils, essences, etc?

Yes _____ No _____ Any fungal conditions?

Yes _____ No _____ History or presence of Cancer?

Yes _____ No _____ Diabetes?

Yes _____ No _____ Epilepsy?

Yes _____ No _____ Any circulatory conditions or blood clot disorders?

Yes _____ No _____ Varicose veins?

Yes _____ No _____ Are you pregnant? How far along? _____

Yes _____ No _____ Dentures, contacts, hearing aids?

Yes _____ No _____ A pacemaker or any other implants?

Yes _____ No _____ Back problems, spinal or nerve injuries?

Yes _____ No _____ Have you received a professional massage before?

What are your goals for massage? _____

Massage is extremely important in promoting circulation, decreasing edema, increasing mobility and in providing relief of muscular pain and spasm. However, if you have a specific medical condition or specific symptoms, massage may be contraindicated. Please know that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that you should see a physician, chiropractor, naturopath or other qualified doctor for any condition of which you are aware. Massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. A referral from your doctor will be required if I am billing your insurance.

“ I agree to keep the practitioner updated as to any changes in my condition and understand that there shall be no liability on the practitioner’s part should I forget to do so. I give my permission for Susanne Ashland to communicate fully with my insurance company and my health care team about any information given in order to better facilitate treatment and payment.”

“ I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.”

Cancellation Policy

Please provide at least 24 hours notice if you need to reschedule or cancel an appointment. If a client fails to cancel within 24 hours, the client will be charged for the missed session.

Late Arrival Policy

I regret that late arrivals will not receive extension of scheduled appointments. In special cases, and when the schedule allows, I may be able to accommodate a partial or full appointment. This will be at my discretion and only with proper, advanced notification of your late arrival. The full appointment fee will be charged.

No Show Policy

Clients who fail to show for an appointment will be charged for the missed session and may be asked to pre-pay for future appointments.

Signature & Date _____