



Salon Di Marco & Day Spa

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

Email address: _____ Occupation: _____

In case of emergency: _____ Telephone: () ____ - ____

CLIENT/THERAPIST RELATIONSHIP STATEMENT & POLICIES

I, _____ understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, or prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also 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.

Client Signature: _____ **Date:** _____

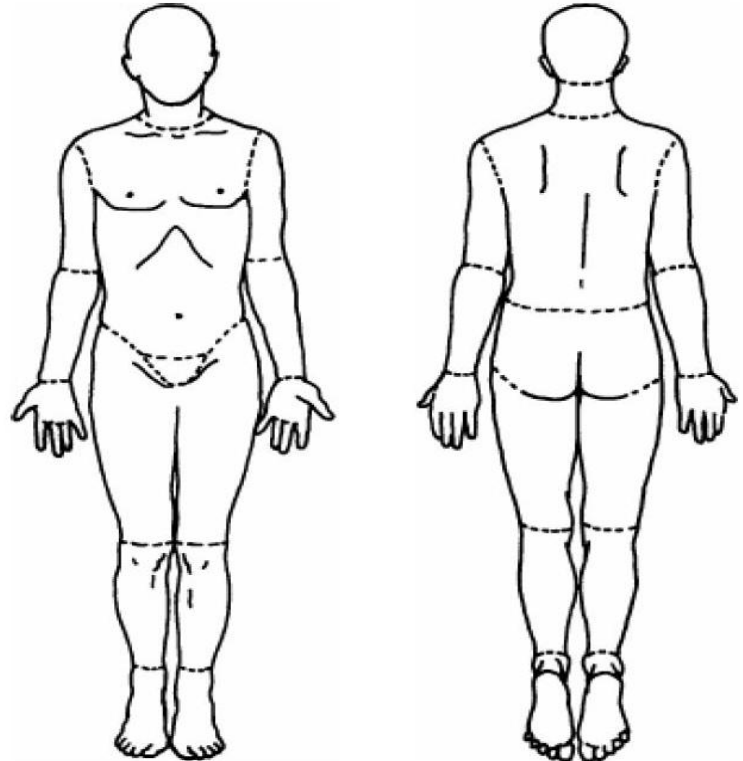
Please take a moment to read and complete the following questionnaire if this is your first session; you haven't completed this form in the past 12 months; or any of the information provided before needs to be updated. If you have a specific medical condition or specific symptoms, massage/bodywork, may be contraindicated.

- Yes No Have you ever experienced a professional massage or bodywork session? How recently?
- Yes No Do you frequently suffer from stress?
- Yes No Do you bruise easily?
- Yes No Do you have diabetes?
- Yes No Have you had any back or spinal injury before? If so, what?
- Yes No Do you experience frequent headaches?
- Yes No Is this a prenatal/postnatal visit?
- Yes No Do you suffer from arthritis?

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- Yes No Do you have tension or soreness in a specific area?
- Yes No Are you wearing contact lenses?
- Yes No Do you have high blood pressure?
- Yes No Do you have cardiac or circulatory problems?
- Yes No If "yes" to previous question, are you taking any medication for this?
- Yes No Do you suffer from back pain?
- Yes No Do you have numbness or stabbing pains anywhere?
- Yes No Do you suffer from epilepsy or seizures?
- Yes No Are you very sensitive to touch or pressure in any area?
- Yes No Do you suffer from joint swelling?
- Yes No Have you ever had surgery? Explain below.
- 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 known allergies to any lotions, oils, or essential oils?
- Yes No Do you have any other medical condition or are you taking any medications? If so, what?

If you answer "yes" to any of the following questions, please explain as clearly as possible:

	<p>SHOW AREA(S) OF PAIN OR UNUSUAL FEELING</p> <p>Mark the areas on this body where you have pain or discomfort.</p> <p>Comments: _____</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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