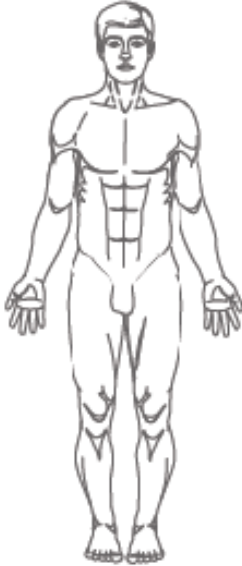


Please indicate areas of tension, pain or stress you are currently experiencing on the figures below.



Mark your discomfort level on this scale:



Name: _____ Date: _____

Phone Cell: _____ Home: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Occupation: _____ Date of Birth: _____

How Did You Hear About Us: Internet Drive By Radio Newspaper Direct Mailer
 Valpak Other: _____ Referred By: _____

What services are you interested in: Massage Skin Care Nail Yoga Fitness

Which services have you had in the past: Massage Skin Care Nail Yoga Fitness

What are your service goals for today? _____

* Do you have any **allergies**? YES NO If so, please list: _____

Please list any **medication** you are currently taking: _____

*Are you on any medications that restrict you from receiving massages, skin services and/or participating in an exercise program? YES NO If so, which medication: _____

Are you currently pregnant? YES NO If so, how many weeks: _____

Are you currently experiencing or being treated for any health related conditions YES NO If so, please describe: _____

List any past **Injuries/Illness/Accidents** still affecting you, please include date and year: _____

List any past **surgeries** still affecting you, please include date and year: _____

List any exercise activities you do daily/weekly, include how often: _____

Check All That Apply:

- | | | | | |
|---|--|---|--|------------------------------------|
| <input type="checkbox"/> Fibromyalgia* | <input type="checkbox"/> Diabetes* | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Lupus | <input type="checkbox"/> Blood Clots* | <input type="checkbox"/> Cancer(Oncology form) | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Lymph edema | <input type="checkbox"/> Bone/Joint Disease* | <input type="checkbox"/> Rheumatoid Arthritis* | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Warts* |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Thyroid Condition | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> HIV* |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Varicose Vein/Phlebitis* | <input type="checkbox"/> Tendonitis | <input type="checkbox"/> Herpe* |
| <input type="checkbox"/> Rashes/Skin Condition* _____ | <input type="checkbox"/> Other _____ | | | |

Check if you have ever used any of the following medications for skin treatment:

Accutane Cortisone Benzoyl Peroxide Retin A Sulfur Glycolic Acid
 Salicylic Acid Lactic Acid Renova BHA Other _____

In Case Of Emergency, Contact Name: _____

Contact Number: _____

Please read the following questions carefully and answer by circling YES or NO (answering yes to the last question will require you to get a physicians clearance before starting an exercise program).

- YES NO Do you feel pain in your chest when you do physical activity?
- YES NO In the past month, have you had chest pain when you were not doing physical activity?
- YES NO Do you lose balance because of dizziness or do you ever lose consciousness?
- YES NO Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- YES NO Is your doctor currently prescribing medications for blood pressure or a heart condition?
- YES NO Has your doctor ever said that you have a heart condition and that you should only do restrictive physical activity.
- YES NO Are you currently working with a nutritionist ? How many meals/snacks do you have daily? _____
- YES NO Do you know of any other reason why you should not do physical activity?

Client Comments _____

Massage Chi TBC Staff Comments _____

- Massage Chi TBC is not responsible for lost or stolen articles under any circumstances.
- I understand that Massage Chi TBC services are provided for the basic purpose of relaxation and relief of muscular tension.
- If I experience any pain or discomfort during a session, I will immediately inform the Massage Chi TBC staff so that services can be adjusted.
- I understand Massage Chi TBC services 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 that I am aware of.
- I understand that Massage Chi staff 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 given should be construed as such.
- I understand that some of Massage Chi services should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly and in signing below I affirm that I have read this form in its entirety and understand its contents.
- I agree to keep Massage Chi TBC staff updated as to any changes in my medical profile and understand that there shall be no liability on Massage Chi TBC or its staff part should I fail to do so.
- I understand that Massage Chi TBC services are entirely therapeutic and non-sexual in nature, if any sexual behavior suggested, session will immediately be stopped, and client will be responsible for full fee of session.
- I hereby waive and release Massage Chi TBC and its staff from any and all liability, past, present and future relating to services I receive.
- I understand that Massage Chi TBC staff reserve the right to refuse to give services based on my health and risk factor determined by industry standards.
- I agree to hold harmless Massage Chi TBC and its staff from any and all claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result from the injury, death, accidental or otherwise during or arising in any way.
- I assume the risk in participation in fitness activity and further agree to release and forever discharge Massage Chi TBC, its affiliates, staff and instructors from any and all claims that may result from my injury, death, accidental or otherwise, during or arising in any way from any program participation.
- **APPOINTMENT CANCELLATION POLICY:** Advance 24 hour cancellation notice is required for all appointments. If you provide less than 24 hours notice, you are responsible for the fee of your appointment service. Late arrival to your appointment will result in loss time and you will receive only the amount of time that remains of your scheduled appointment.
- I hereby give Massage Chi TBC permission to send Service Specials by either email or home address. I also understand that I can "unsubscribe" at any time by informing Massage Chi's Sales Department.

Signature: _____

Date: _____