

## Confidential Client Information

Relax Blacksburg

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: (     ) \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Physician: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
In case of emergency: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

### General & Medical Information:

*If you answer "yes" to any of the following health questions, please explain in the comments section below.*

- |   |   |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had professional massage?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have cardiac or circulatory problems?                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you experience frequent headaches?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you diabetic?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer frequently from stress?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have high blood pressure?                                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from back pain?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to the previous question, are you taking medication for this? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have tension or soreness in a specific area?      | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? If yes, please explain below              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have numbness or stabbing pains anywhere?         | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from seizure disorders or epilepsy?                    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any broken bones in the past two years?     | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you pregnant?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any allergies? If yes, please explain below. | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other medical conditions that we should be aware of? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you wearing contact lenses?                          |   |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING INFORMATION AND SIGN WHERE INDICATED.

(If you have a specific medical condition or specific symptoms, massage / bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.) I understand that 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 this session, I immediately inform the therapist 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 consult a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage / bodywork therapists 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. Because massage / bodywork 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapists part should I neglect to do so. It is also understood 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: \_\_\_\_\_

### Information and Suggestions for the Client

- ☯ Prior to your massage, please remove all jewelry.
- ☯ As a rule, massage is given while you are unclothed. We provide a top sheet and a towel when needed. Modesty and comfort levels vary from person to person. You may choose to wear undergarments or a swim suit or nothing at all.
- ☯ During your massage, you may want to give your therapist feedback as to pressure (deeper or lighter) or point out painful or ticklish areas of your body.
- ☯ Feel free to ask your therapist any questions about their procedure. Your therapist is a highly trained professional and will be happy to make you feel well informed and comfortable.

**This is YOUR massage and you should feel as comfortable as possible.**

## Relax Blacksburg Policies

Because of our commitment to provide an outstanding experience to all of our clients, and out of consideration for our clients' and therapists' time, we have adopted the following policies:

### Cancellation Policy

We have a very busy practice and we repeatedly turn people away because our schedules are already full. When clients cancel or reschedule an appointment on the same day, it does not give us much time to try and refill that appointment slot.

Because your therapist reserves their time specifically for your session, we ask that you give at least 12 hours' notice for rescheduling or cancelling.

**Cancelling or rescheduling with less than 12 hours' notice may result in a fee being charged for half the service amount.** If you cancel within our 12 hour window, but we are able to refill the spot, the fee will be waived.

Feel free to call or text us after normal business hours and leave a message letting us know if you can't make it. As long as the time stamp is 12 hours before your appointment, there will be no fee charged.

We understand that things happen, so emergencies are handled on an individual basis at our discretion. In case of inclement weather, we will waive all fees. If you are sick, we will also waive all fees (just please give us as much notice as possible).

### No Show Policy

Clients who miss their appointment without giving any prior notification deny us the opportunity to try and refill their appointment slot. Because of this, **no shows will be charged in full for their scheduled service.**

### Late Arrivals Policy

If you find yourself running late, please call/text us and let us know as soon as possible. We understand that sometimes things happen that are out of your control. If we have a client scheduled right after you, we will have to shorten your session accordingly. **Full price will be charged for the actual scheduled time.** However, if we have time available after your appointment, we will make every reasonable accommodation to make sure you receive your scheduled amount of time.

Signing below indicates that you've read, understand and accept these policies.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**May we send you our monthly online newsletter? It will keep you informed about our specials and anything new at Relax Blacksburg. You will also be entered to win one of our \$50 gift cards each month you are subscribed.**

Yes       No