

Healing Intentions

Healing Starts When Intentions Begin

Client Agreement

Kindly read the following agreement carefully, which contains policies that are important for your massage therapy session. If you have any questions, please ask for clarification.

I (Client) understand that it is not within the scope of a Massage Therapist to diagnose illness or prescribe medical treatment, nor is massage therapy a substitute for medical examinations or treatments. Bodywork is for stress reduction, relief of muscular tension/spasm, etc... and **supports the body to heal itself holistically.**

I have stated all **existing medical conditions or injuries** and shall update the massage therapist of any changes in my health during future visits.

During the massage, I am encouraged to participate in the massage with honest feedback by commenting on the comfort or discomfort of the pressure applied or the type of stroke.

I understand that massage therapy is a safe and therapeutic form of touch. The focus and intent of this work is on wellness of the body, mind and soul. Occasionally, during or after a bodywork session, there is an emotional release or memory. This is a sign of healing. If you have questions or concerns, please talk to your massage therapist.

I realize that a **24 hour notice is required for cancellation** of an appointment. (A 48-hour notice would be appreciated.) Otherwise, I will be responsible for the cancellation fee **which is the full price of the scheduled session.** I also agree to phone if I will be late for my appointment and realize that my appointment may be shortened in fairness to the next client to be attended.

I understand that massage is strictly non-sexual.

Healing Intention's policy is that conversations and massage sessions are kept confidential.

Client Signature - Date

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Client Health History

Name: _____ Date of Birth: _____
(Please Print: Last name, First name)

Address: _____
(Street, Apt, City, State, Zip Code)

Phone number: _____
(Area Code - Home, Work or Mobile?)

Email address _____

Occupation/Work Environment _____

How did you hear about Healing Intentions? _____

Have you ever had a massage before? _____

Have you had any injuries, surgeries, car accidents or falls? _____

Please describe: _____

Is there anything in your health history that your massage therapist should be aware of? (i.e. cancer, heart problems, blood pressure, pregnancy, arthritis, chronic conditions, etc.) _____

Do you have any allergies? (i.e. oils, lotions, cats, dogs...) _____

Do you smoke now or have you smoked in the past? _____

Are you involved in a regular exercise program? _____

What? _____ How often? _____

How much water do you drink in a day? _____

How do you sleep? _____ What position? _____

On the diagram to the right,
shade in areas of muscle
tension and discomfort.

