

SOMATIC SPACE

make space the object, not the background

Name _____ Date _____
Cell # _____ Work # _____
Email _____
Address _____ City _____ State _____ Zip _____
Emergency Contact _____ Phone _____

1. **Purpose of this appointment?** _____
(reduce pain, relax, rehab, injury or other?)

2. Any acute injury in last year? if yes, explain & date: _____

3. Any other disease, condition or illness? if yes, explain & date: _____

4. Are you pregnant? if yes, due date and any problems: _____

5. Broken bones? if yes, explain and date: _____

6. Surgery? if yes, explain and date: _____

7. Check any of the following that apply to your current health:

___ heart conditions ___ circulatory conditions ___ blood clots ___ spinal problems

___ infection ___ cancer ___ difficulty breathing ___ arthritis ___ diabetes

___ undiagnosed lumps ___ HIV positive ___ numbness or stabbing pain/neurological issues

8. Have you ever had a or any lymph nodes removed? yes no

9. Do you exercise now? _____ If yes, what type? _____

How often/week _____ At what level? _____

10. Are there oils, lotions, heat packs etc that I **should not** use? yes no

11. Anything else you would like me to take into consideration for your comfort?
(allergies, sensitivities to scents, emotional state etc) _____

12. Please list any **areas** of your body that are **presently bothering you**.

13. How did you hear about me? _____

Consent for Care

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is no substitute for medical care, medical examinations or medical diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes to my health status.

Signature _____ Date _____

Reschedule Policy

I understand that situations arise when it may be necessary for either one of us to be late or reschedule an appointment. In fairness to both of us, I have arrived at the following policy for rescheduling/cancelling your appointment.

*With 24 hour notice-no charge

*With less than 24 hours notice

1st time-- no charge if you contact me by phone prior to the start of our appointment.

If you simply don't show, full fee is charged.

*2nd time--full fee is charged.

If you are running late please contact me. I will do my best to accomodate you, however depending on my bookings for the day, your appointment may be cut short accordingly.

If an emergency arises and I need to cancel our appointment, I will do so within 24 hours whenever possible. I will provide a 50% discount at our next session.

Please sign that you have read and understand the above policy

Signature _____ Date _____