

Confidential
Client Health Information Form
Please print legibly

Name _____ Date _____
Address _____ Telephone _____
City/State _____ Bus. Phone _____
Zip _____ Birthday _____
Occupation _____ E-mail _____

General Health Condition _____
Would you like to be on our email list to receive coupons and special offers? Y N
Referred by: Circle all that apply: Word of mouth; who: _____ Web sites;
Brookwood events; Brookwood Marquee; other _____

Please list any serious or chronic illness, operations, or traumatic accidents and approximate dates.

Are you currently under medical or chiropractic care? If so list Dr. and reason for care. _____

Are you taking any medications or vitamins? If so, please list. _____

Have you ever received a professional massage? _____ If so, how often? _____

What have you enjoyed most about massage? _____ Least _____

What type of pressure do you prefer? _____ Any areas to avoid? _____

What are your main areas of complaint? _____

What results would you like to achieve with massage &/or bodywork? _____

Do you exercise? _____ What and how often _____

Are you allergic to lotions and/or oil?

Is there anything else you would like the therapist to be aware of? _____

Referral Program

We value you & appreciate the trust & confidence you show in us when you recommend our services to your friends and family. Because of this, for each new person that Stillpoint Massage & Bodywork Studio sees due to your recommendation, **you will receive \$10 off your next appointment with us!**

Bodywork Release Form

Purpose and limitations of bodywork:

I, _____, understand that professional bodywork is intended to do some or all of the following: relieve stress, induce relaxation, alleviate muscular tension and pain, improve joint mobility, enhance circulation, and promote well being.

I understand that bodywork services, including, but not limited to massage, craniosacral therapy and reflexology are designed to be a health aid and are in no way to take the place of a doctor's care when it is indicated. A body worker does not diagnose illness, disease, or any physical or mental disorders.

I will fully disclose any diagnosed illness and will share any current symptoms. Information exchanged during any massage session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion. I agree to release, save, hold harmless and indemnify Stillpoint Massage & Bodywork Studio and its known associates from and against any future claims, demands, or legal action arising out of any session.

I understand that a professional bodywork session is never an appropriate time to display sexual behavior. I understand that if I display inappropriate behavior of such nature, I will be asked to pay in full and to leave immediately. I understand that I will be unable to schedule another appointment. I understand that I will not attend my session under the influence of drugs and/or alcohol.

I agree to call Stillpoint Massage & Bodywork Studio if I am unable to keep my scheduled appointment time. If I do not show up at my scheduled appointment time and I do not call to cancel my appointment at least 2 hours in advance, I agree to pay the full appointment fee.

By signing this document, I am stating the following: (1) I am able to read and comprehend the English language; (2) I have carefully read this document and fully understand and agree; (3) I am aware that I am receiving a Bodywork session and I knowingly consent to such a session; (4) I accept and assume all risk of injury related to such a session(s).

(Signature)

Date _____

(Signature of therapist)