

NAME _____ HOME# _____ CELL# _____
 EMAIL _____ Text Notifications? YES or NO
 I agree to receive appt confirm/reminders, receipts, TW seasonal up-dates, & promos by email? YES or NO
 Address _____ City _____ State _____ Zip _____
 Occupation _____ MALE OR FEMALE DOB _____
 Referred by _____ Phone # _____
 Emergency Contact (Relation) _____ Phone # _____

Please carefully read and sign the following information. If you have a specific medical condition or symptom, massage/bodywork could be contraindicated. A primary care physician referral may be required prior to service.

Have you ever experienced a professional massage/bodywork session? YES or NO How recently? _____
 What are your massage/bodywork goals? _____
 Pressure preferred? LIGHT MED FIRM Are you sensitive to touch or pressure in any areas? YES or NO

If you answer "yes" to any of the following questions, please explain clearly.

- | | | | | | |
|-----|----|---|-----|----|--|
| Yes | No | Do you have diabetes? | Yes | No | Do you experience frequent headaches? |
| Yes | No | Are you pregnant? | Yes | No | Do you suffer from arthritis? |
| Yes | No | Do you suffer from joint swelling? | Yes | No | Do you have any allergies? |
| Yes | No | Do you have any contagious diseases? | Yes | No | Do you suffer from epilepsy or seizures? |
| Yes | No | Do you have varicose veins? | Yes | No | Do you have osteoporosis or osteopenia? |
| Yes | No | Do you bruise easily? | Yes | No | Any broken bones in the past 2 years? |
| Yes | No | Any injuries in the past 2 years? | Yes | No | Do you have cardiac or circulatory problems? |
| Yes | No | Do you suffer from back pain? | Yes | No | Do you have numbness or stabbing pains? |
| Yes | No | Do you currently have cancer, seeking treatments or in remission? Explain _____ | | | |
| Yes | No | Do you have high blood pressure & if yes are you taking medication? Explain _____ | | | |
| Yes | No | Have you ever had surgery? Explain _____ | | | |
| Yes | No | Do you have tension or soreness in a specific area? Explain _____ | | | |
| Yes | No | Any other medical conditions/symptoms? Explain _____ | | | |
| Yes | No | Are you taking any medications or herbal remedies? Explain _____ | | | |

I understand that the 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 session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that the practitioner is not qualified to perform spinal or skeletal adjustments, medical examination, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during session should be construed as such. I should seek a physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware. Certain medical conditions could be contraindicated for treatment, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks/advances made by the client will result in immediate termination of session & no future appointments.
***24 Hr Cancellation Notice is required thus \$20 Fee will be charged to my TW account or credit card. Client Initials _____**

Client Signature _____ **Date** _____

Practitioner Signature _____ **Date** _____

Consent to Treatment of Minor: By my Signature below, I hereby authorize _____ to administer massage/bodywork treatment to my child as they deem necessary. Signature _____ Date _____