

In Touch Therapeutic Massage by Cindy Thomison LMT
9149 TX Hwy. 19N, Sulphur Springs, TX 75482 903-348-1477

Client Information Form

Name: _____ Birth Date: _____

Address: _____ Phone _____

City/States/Zip _____

E-mail _____ Cell _____

Emergency Contact Name & Number _____

Male ___ Female ___

Have you had a professional massage before? Yes ___ No ___

If yes when was your last massage? _____

Please describe your general health condition:

Excellent ___ Good ___ Fair ___ Poor ___

Do you currently have chronic illness, disease, infection, or cancer? Yes ___ No ___

Please describe _____

Have you had a recent surgery or injury? Yes ___ No ___

If yes for _____ When _____

Are you under a Doctor's, Chiropractors, or other health practitioner's care?

Yes ___ No ___ If so, for what condition? _____

Are you on any medications? Yes ___ No ___ if so what? _____

Please check any of the following conditions that have been diagnosed by your health care provider

Skin problems ___ Arthritis ___ High Blood Pressure ___ Blood Clots ___ Diabetes ___

Varicose Veins ___ Seizures ___ Circulation Disorders ___ Contagious Disease ___ HIV/Aids ___

Pregnant ___ Cuts/ Bruises ___ Heart Condition ___ Lung/Respiratory Condition ___

If you checked any of the above conditions, please explain below

Do I have permission to contact your Doctor? Yes ___ No ___

Name of Doctor, Chiropractors, or healthcare providers:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

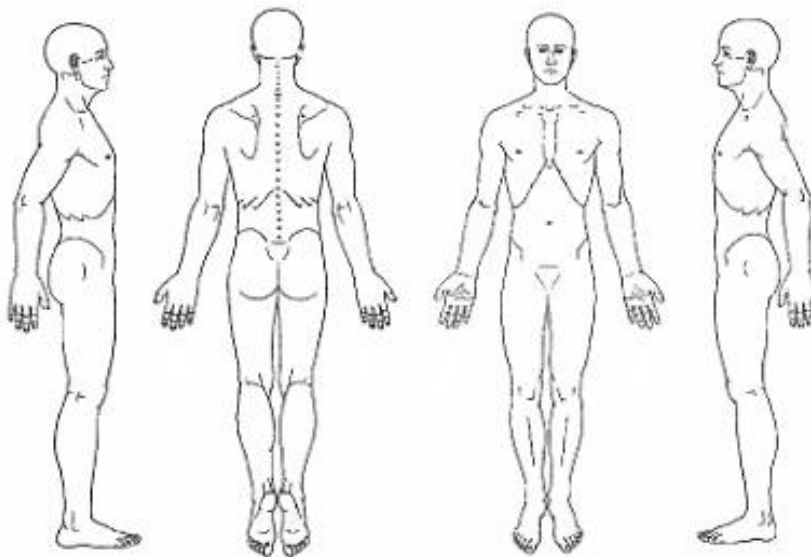
What service did you come in for today? (Relaxation, pain, therapy,)

What type of pressure preference? __Light__ Medium __ Deep __ Trigger __ Other _____

What results would you like to achieve with our work? _____

How did you find out about my service? _____

Were you referred to our office? _____ By whom? _____



Please circle area that you would like the therapists to concentrate on and place an X on area to avoid.

Treatment Acknowledgement

Please read the following and sign below

I understand that:

The massage therapy I receive from In Touch Therapeutic Massage by Cindy Thomison is for purpose of reducing stress and muscle tension, improving circulation and enhancing overall wellness.

The therapist does not diagnose or treat illness or disease, preform any spinal/skeletal manipulation; or prescribe or recommend medications or remedies.

Massage therapy is not a substitute for medical examination, diagnosis or treatment. It is my responsibility to seek medical treatment for any ailments.

I will be covered with a sheet, towel, or blanket as appropriate for the treatment and only the areas being massaged will be uncovered.

I may undress to my level of comfort. It is NOT mandatory to remove all clothing.

If my reason for seeking massage therapy charges, it is my responsibility to inform the therapist.

If at any time during my massage I feel uncomfortable, I may request that the therapist stop the session.

If I experience pain or discomfort during the massage, I will immediately inform the therapist so that the pressure and/or stokes may be adjusted to my comfort level.

I understand that massage will NOT be administered to breast tissue of any client.

Because massage/bodywork should not be preformed 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 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 understand that In Touch Therapeutic Massage by Cindy Thomison LMT is not responsible for potential problems with me during or after the treatment. With my present statement I irrevocably sign away claiming any damages against In Touch Therapeutic Massage by Cindy Thomison LMT.

I acknowledge that any sexual suggestive remarks or advances will result in immediate termination of the massage session, and I will be liable for full payment.

Full payment is due at the time of the massage.

Client Sign _____ date _____

Therapist Sign _____ date _____

Consent to treatment of minor: By my signature, I give consent to massage therapist for a minor child.

Signature of Parent or Guardian: _____ date _____

Policy Notification

I appreciate that you've chosen me for your massage needs. To provide the best service possible to my clients I have implemented the following policies.

Cancellation Policy

I respectfully ask that you provide me with a 24 hour notice of any schedule changes or cancellation request. Please understand that when you cancel or miss your appointment without providing a 24 hour notice, I am unable to fill that appointment time. This is an inconvenience for me and also means other clients miss the chance to receive services they need. For this reason, you will be charged 50% of the service fee for the first missed session and 100% of the service fee for each session after that. I also reserve the right to request a credit card number to be given to book future appointments so that appropriate fees may be charged if late cancellation does occur.

I understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, I request that you cancel your session. Inclement weather may also result in the need for last minute cancellations. I will do my best to give advanced notice if I am closing or need to cancel due to bad weather and I ask you to do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case- by- case basis.

Late Arrival Policy

For your comfort I request that you arrive 10-15 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions I may have. I understand that issues can arise that may cause you to be late for your appointment. However, I ask that you call to inform me if this ever occurs so I can do my best to accommodate you. Appointment times are reserved for each client, so oftentimes I cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in a loss of time from your massage so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to late arrival.

Inappropriate Behavior Policy

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full service fee regardless of length of your session. Depending on the behavior exhibited I may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

By signing below you agree to abide to these policies.

Client _____ date _____