

CLIENT INFORMATION

Name: _____ Date: _____

Occupation: _____ DOB: _____

Address: _____

Phone number: _____

PURPOSE OF VISIT

Why did you come for a massage? _____

Where do you hold tension in your body? _____

Do you have chronic pain anywhere in your body? _____

MASSAGE HISTORY

When was your last massage? _____ What kind was it? _____

How frequently do you get them? _____

I like (deep, medium, light) pressure. Circle one.

POSTURAL HABITS

Which is your dominate hand? _____

Which leg do you stand on more? _____

What position do you sleep in? _____

At your desk, is your computer straight ahead or off to the side? _____

PHYSICAL ACTIVITES

What physical positions does you job entail? _____

What are your hobbies outside of work? _____

How often do you drive? _____

Energy level? _____

HEALTH HISTORY

Circle if you've been diagnosed with any of the following:

*High/ low blood pressure

*Varicose veins

*Heart Disease

*Skin conditions

*Cancer

*Warts or plantar warts

*Blood clots

*Nerve damage

*Headaches

*Allergies/ Sinus problems

*Arthritis

*Digestive issues

*Other _____

Ever broken any bones? _____

Recent sprains, strains? _____

Any surgeries over the last 5 years? _____

Or before that still bother you? _____

Are you pregnant? _____ If so, how far along? _____

Are you taking any medications? _____

In cases of emergency,
Doctor's name: _____ Phone number: _____

Contact: _____ Phone number: _____



CANCELLATION POLICY – MASSAGE SERVICES

Plexus appreciates the confidence you have shown in choosing us to provide your massage needs. The service you have elected to participate in implies a financial responsibility on your part. This responsibility obligates you to ensure payment in full of our fees.

Payment is expected at time of service.

Our body workers work on a scheduled appointment basis. In order for us to effectively use our time, we ask that clients give 24-hour notice when cancelling an appointment. This means a cancellation should be made at least 24 hours before the scheduled appointment. A massage, cancelled by the client, inside of 24 hours will be billed. In this case, the cancellation policy is applicable. If a massage is cancelled within 24-hours and we are able to fill the session, no charge will be assessed.

I, _____, have read the aforementioned and understand and accept these policies as they relate to personal massage services with my body worker.

Acknowledged and agreed,

Client

Date