

Thank you for choosing to use *A Time To Heal*  
*Massage Therapy* to meet your body's needs.



Please fill out the following information to give your therapist some background to work with.

Was this a referral? From whom?

\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

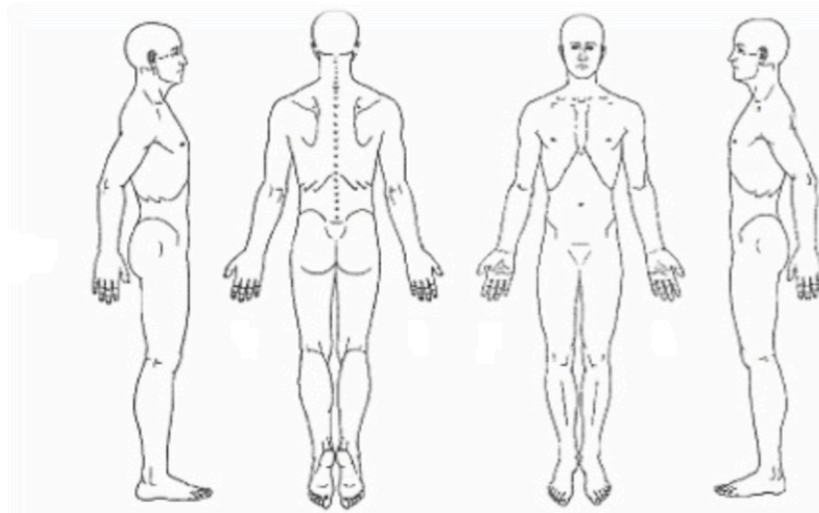
Cell phone carrier (if applicable-i.e. Sprint, Verizon, etc.) \_\_\_\_\_

Emergency contact/phone: \_\_\_\_\_

Have you ever been in the military, fire department (not auxiliary), or law enforcement?

**Yes No**

Please mark on the drawings where you are feeling any discomfort:



If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

I understand that I will be draped with a sheet and/or large blanket for the entire massage treatment. The draping will be adjusted to uncover only the area of the body that is receiving massage. At no time will a treatment be given with insufficient draping to any client, male or female.

I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware.

If I am under 17 years of age, I need to have a consent form signed by a legal guardian in order to receive therapeutic massage.

I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

Because massage should not be performed 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

**I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate cessation of the session, and I will be liable for the payment of the full scheduled appointment.**

**No sexual activity is permitted while on the business premises.**

I have read and I agree to the terms of the cancellation policy.

\*Name\_\_\_\_\_ \*Date\_\_\_\_\_

\*Signature\_\_\_\_\_