Welcome to

Betty's Body Shop

I want your appointment to be as comfortable and pleasant as possible. If at any time you have questions regarding your session, please let me know. This information is confidential.

Name _____ **Date of birth** _____

Address _____
(city) *(zip)*

Phone _____ **e-mail** _____

Occupation _____ **May I contact you with special offers?** _____

Are you redeeming a gift certificate today? _____

Emergency contact *(name and phone number)* _____

Are you currently taking medication? _____

If yes, please list name and reason for medications _____

_____

Are you currently seeing a healthcare professional? _____

If yes, please list names and reason/treatment _____

_____

Please review this list and check those conditions that have affected your health either recently or in the past. Place a check next to the condition.

- ☐ arthritis
- ☐ diabetes
- ☐ blood clots
- ☐ broken/dislocated bones
- ☐ cancer
- ☐ chronic pain
- ☐ constipation/diarrhea
- ☐ muscle strain/sprain
- ☐ hepatitis
- ☐ skin condition
- ☐ stroke
- ☐ surgery
- ☐ TMJ disorder
- ☐ depressive, panic disorder
- ☐ diverticulitis
- ☐ headaches
- ☐ heart conditions
- ☐ back problems
- ☐ high blood pressure
- ☐ insomnia
- ☐ auto-immune condition*
- ☐ pregnancy
- ☐ scoliosis
- ☐ seizures
- ☐ whiplash
- ☐ chemical dependency

*(*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)*

If any of the above need to be detailed, or if there is anything else to share, please do so:

_____

_____

Continued...

Do you have any of the following today:

☐ skin rash ☐ open cuts ☐ injuries/bruises
☐ cold/flu ☐ severe pain ☐ anything contagious

Do you have any allergies to:

☐ medications ☐ environmental allergens *(dust, pollen, fragrances)*
☐ foods *(nuts, etc.)* ☐ skin care products

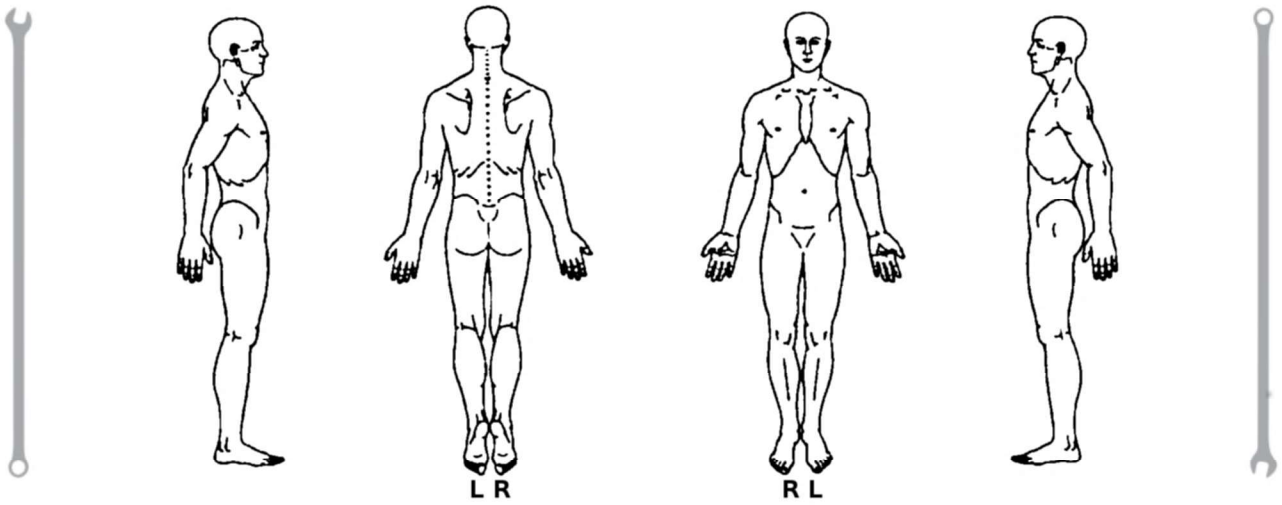
If any of the above are checked, please give details: _____

_____

Are you wearing:

☐ contact lenses ☐ hearing aid ☐ hairpiece

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



What are your goals/expectations for this therapy session? _____

_____

_____

The following sometimes occur during massage. These are normal responses to relaxation. Trust your body to express what it needs to.

need to move or change position • sighing, yawning, change in breathing
stomach gurgling • emotional feelings and/or expression
movement of intestinal gas • energy shifts • falling asleep • memories

Please read the following information and sign below:

1. **I understand that although massage therapy can be therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.**
2. **This is a therapeutic massage and any sexual remarks or advances will terminate the session, and I will be liable for payment of the scheduled treatment.**
3. **Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.**

Signature: _____

Date: _____