CLIENT REGISTRATION & HEALTH INFORMATION

NAME: ___________________________ DATE: ___________________________

OCCUPATION: ___________________________

EMERGENCY CONTACT: Name_________________________ Phone#: ___________________________

Please answer the following questions. These questions are for quality control for your personal safety and for an effective massage session. Thank you.

Have you ever had a massage or other type of bodywork before? ___ Y ___ N  Type: _____________

How are you feeling? ___________________________

Areas of concern? ___________________________

Recent injury or surgery? ___ Yes ___ No  Explanation? ___________________________

Current Medications: ___________________________

Area(s) of Sensitivity? ___________________________

Pregnant? ___ Yes ___ No  High/Low blood pressure? ___ Yes ___ No

I understand that this massage, reflexology or bodywork session is for the purposes of relaxation, stress reduction, and relief from muscle pain or spasm. I further understand that licensed massage practitioners do not diagnose illnesses or prescribe medical or pharmaceutical treatment. It has been made clear to me that this session is not a substitute for medical examination and it is recommended that I contact a licensed health care provider for any medical conditions or concerns that I might have.

Signature ___________________________ Date ___________________________

ON-SITE MASSAGE & BODYWORK SERVICES WAIVER

Privacy is something almost everyone is concerned about when receiving any form of health care. All information revealed during and individual on-site appointment is protected by the healthcare provider-patient privilege. However, in this office setting, confidentiality is partially lost due to: (1) the staff person coordinating the on-site schedule, and (2) visibility of employees going to and from their on-site appointments. By signing below, you agree that Women's Wellness Center, Women's Wellness Center staff or subcontracted staff will not be considered liable for any financial or other damages resulting from any breach of confidentiality committed by other persons in the location. Along with Women’s Wellness Center commitment to maintain your privacy, you will also have a responsibility to protect each other’s privacy. Nothing in this waiver shall affect the privacy or confidentiality of individual on-site medical records maintained by Women’s Wellness Center, Women’s Wellness Center staff and subcontracted staff.

Signature ___________________________ Date ___________________________

Parent/Guardian if under 18yrs ___________________________ Date ___________________________