

CONFIDENTIAL INFORMATION

Name _____ Date of Birth _____

Phone # _____ E-mail _____

May I add you to my e-mail list to receive occasional updates and offers? ____ Yes ____ No

Address _____ City, State, Zip _____

Have you received massage therapy before? ____ Have you received hot/cold stone massage before? ____

Do you have any known or suspected allergies? _____

Physical activities? _____

Occupation: _____

Is there anything you would like to focus on today/goals for your session(s)?

Are you taking any prescribed medications, supplements, or natural remedies at this time?

Please list **past or present** health/medical conditions, concerns, surgeries, injuries, etc.: _____

Do you have any positioning restrictions or areas that you DO NOT like to have massaged (scalp, ticklish feet, etc)? _____ Aromatherapy Preferences? _____

RELAXATION:

There are *many normal responses* that can occur during a massage, such as the need to move or change position, changes in breathing patterns, energy shifts, muscle twitches, temperature fluctuations, movement of intestinal gas, sighing, yawning, falling asleep, stomach gurgling, emotional feelings and expressions, memories, visions... **IF ANYTHING NEEDS TO CHANGE FOR YOU TO MAINTAIN COMFORT DURING OUR SESSION, PLEASE LET ME KNOW** (Table temperature, music style/volume, applied pressure, etc.).

PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW:

1. I understand that although massage can be therapeutic, relaxing, and reduce muscular tension, it is not a substitute for medical examination, diagnosis, and treatment. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to my health & medical conditions truthfully. It is my sole responsibility to update my therapist with any new medical/health information before each session.
2. There is a 24-hour cancellation policy that is subject to a \$45 fee.
3. I give Evie Bellinger, LMT permission to practice Therapeutic Massage.

Signature _____ Date _____

Evie E. Bellinger, LMT, RYT, MLST, CST, LDT
Trumansburg, NY 14886