

# *Time 2 Relax*

## Massage Therapy

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Can We Add You to Our Email List? \_\_\_\_\_ Date of First Visit: \_\_\_\_\_

Sex: Male Female

Marital Status: M S D W Do You Have Children?: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How Did You Find Us? Friend/Family Member: \_\_\_\_\_

Gift Card: \_\_\_\_\_ On-line: \_\_\_\_\_ Spa Finder: \_\_\_\_\_ Other: \_\_\_\_\_

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### CHECK SYMPTOMS OR AREAS WHERE YOU FEEL PAIN OR DISCOMFORT:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Headache                 | <input type="checkbox"/> Upper Back Pain          | <input type="checkbox"/> Lower Legs Tight/Painful |
| <input type="checkbox"/> Jaw or TMJ Pain          | <input type="checkbox"/> Middle Back Pain         | <input type="checkbox"/> Ankles/Foot Pain         |
| <input type="checkbox"/> Neck Pain                | <input type="checkbox"/> Lower Back Pain          | <input type="checkbox"/> Feet Cold                |
| <input type="checkbox"/> Neck Stiff               | <input type="checkbox"/> Chest Pain               | <input type="checkbox"/> Varicose Veins           |
| <input type="checkbox"/> Shoulders Tight/Painful  | <input type="checkbox"/> Abdominal Pain           | <input type="checkbox"/> Bruise Easily            |
| <input type="checkbox"/> Pins & Needles in Arms   | <input type="checkbox"/> Stomach Upset            | <input type="checkbox"/> Arthritis                |
| <input type="checkbox"/> Numbness/Pain in Fingers | <input type="checkbox"/> Pelvic/Hip Pain          | <input type="checkbox"/> Osteoporosis             |
| <input type="checkbox"/> Upper Arm Tight/Painful  | <input type="checkbox"/> Pins & Needles in Legs   | <input type="checkbox"/> Limited Range of Motion  |
| <input type="checkbox"/> Forearm Tight/Painful    | <input type="checkbox"/> Numbness/Pain in Toes    | <input type="checkbox"/> Wear Contact Lenses      |
| <input type="checkbox"/> Wrist/Hand Pain          | <input type="checkbox"/> Upper Legs Tight/Painful | <input type="checkbox"/> Pregnant                 |
| <input type="checkbox"/> Hands Cold               | <input type="checkbox"/> Knee Pain                | <input type="checkbox"/> Epilepsy/Seizures        |
| <input type="checkbox"/> Circulatory Problems     | <input type="checkbox"/> High Blood Pressure      | <input type="checkbox"/> Diabetes                 |
| <input type="checkbox"/> Cardiac Problems         | <input type="checkbox"/> Traumatic Accident       | <input type="checkbox"/> Physically Impaired      |
| <input type="checkbox"/> Nervousness              | <input type="checkbox"/> Fatigue                  | <input type="checkbox"/> Tension/Stress           |

SYMPTOMS OTHER THAN THOSE LISTED ABOVE: \_\_\_\_\_

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DO YOU HAVE ANY ALLERGIES? : \_\_\_\_\_

Are you presently taking any medications? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever received prior massage/bodywork? If so, how often and date of last service: \_\_\_\_\_

\_\_\_\_\_

List any other therapies you are receiving: \_\_\_\_\_

Do you have any limitation of mobility? : \_\_\_\_\_

Are you on an exercise program? : \_\_\_\_\_

How do you manage stress? : \_\_\_\_\_

Any additional comments regarding your health: \_\_\_\_\_

\_\_\_\_\_

**Please take a moment to carefully read the following and sign where indicated. If you have a specific medical condition/symptom, massage/bodywork may be contraindicated and we will not be able to accept the appointment.**

I, \_\_\_\_\_, hereby request and consent to treatment from The Time 2 Relax and its practitioners. I understand my treatment may require the provision of varied therapies including, but not limited to, Swedish, Shiatsu, Reflexology, Neuromuscular, Myofascial, Craniosacral, Heat or Ice Therapy, Facials and/or other manual or holistic therapies. I understand that massage therapy and or facials are designed to be a health aid and in no way take the place of a doctor's care. If I experience any pain or discomfort during any session/treatment, I will immediately inform the practitioner so that the pressure, strokes, and/or treatment may be adjusted to my level of comfort. Information exchanged during any massage and/or treatment session is educational in nature and intended to help me become familiar and conscious of my own health status and is to be used at my own discretion. Because massage/bodywork 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 Time 2 Relax/practitioner updated as to any changes in my medical profile and understand that there shall be no liability on The Time 2 Relax/practitioner's part should I forget to do so. **IT IS ALSO UNDERSTOOD THAT ANY ILLICIT OR SEXUAL REMARKS OR ADVANCES MADE BY ME WILL RESULT IN IMMEDIATE TERMINATION OF THE SESSION, AND I WILL BE LIABLE FOR PAYMENT OF THE SCHEDULED APPOINTMENT IN FULL.** Our time together is precious and, unless there is an emergency, I agree to cancel 24 hours in advance. If I fail to give ample notice or I miss an appointment, I agree to pay the cancelation fee, unless the time slot can be subsequently filled.

\_\_\_\_\_  
**Client signature**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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