



MASSAGE/THERAGUN CLIENT

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Are you currently taking any medications? Please list: \_\_\_\_\_

Are you currently pregnant? If so, how far along? \_\_\_\_\_

Do you suffer from chronic pain? \_\_\_\_\_

Explain: \_\_\_\_\_

What makes your pain better \_\_\_\_\_ Worse \_\_\_\_\_

Do you have any musculoskeletal injuries or pain? Explain:

Please check and explain any of the following that apply to you:

- checkbox Cancer or history of cancer
checkbox Headaches/Migraines
checkbox Arthritis
checkbox Diabetes
checkbox Joint Replacement
checkbox High/low blood pressure
checkbox Neuropathy
checkbox Fibromyalgia
checkbox Stroke
checkbox Heart Attack
checkbox Kidney dysfunction
checkbox Blood clots or a history of blood clots
checkbox Numbness/tingling
checkbox Sprains or Strains

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Have you had a professional massage or Theragun treatment before? \_\_\_\_\_

What pressure do you prefer?

- Light
- Medium
- Deep

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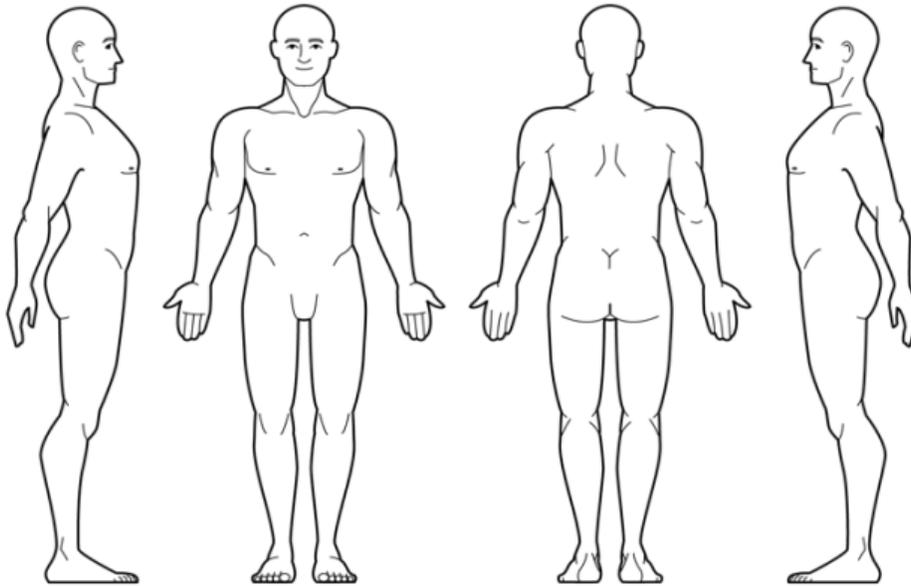
Do you have skin allergies or sensitivities? Explain:

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What are your goals for this treatment session?

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Please mark any specific areas you would like to concentrate on during this session:



How did you hear about our studio? Who referred you to us? \_\_\_\_\_

Re-form has a 24 hour cancellation policy. For 3 or more late cancellations/no shows, you will be charged for the full price of the service.

I verify that I understand and will abide by this policy.

Signature

Date



## **Massage/Theragun Liability Waiver**

I understand that the massage/percussive therapy treatment I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this, and all future sessions, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should seek a physician, or other qualified medical specialist for any mental or physical ailment that I am aware of. 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 change in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

**I have read the above statement and answered all questions to the best of my knowledge.**

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_



## **Re-form Cancellation/No Show Policy**

Re-form has a 24 hour cancellation policy.

For all services, the first 2 late cancellations/no shows are no charge. After that, any late cancellation or no show will result in the following charge:

**Group Class, Pilates, Massage, Spray Tan, Personal Training:**

For 3 or more late cancellations/no shows, you will be charged for the full price of the service.

**Skincare:**

For 3 or more late cancellations/no shows, you will be charged for the full price of the service.

(For Botox/Dysport/Filler, you will be charged a \$50 fee).

**Physical Therapy:**

For 3 or more late cancellations/no shows, you will be charged a \$50 fee.

**I verify that I understand and will abide by this policy.**

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_