



massage therapy

*Any & all information shared
herein will remain
confidential.*

Name: _____ DOB: _____

Address: _____

Email: _____

Occupation: _____ Phone#(s): _____

❖ May I keep you in the loop via email or text regarding upcoming special promotions? Yes! I want to be in the know! No thanks

I prefer: Emails Texting

Do you have any allergies and/or skin sensitivities?

List any exercise activities & frequency:

Accidents, injuries and/or surgeries in the last two years? If yes, please list, including date of occurrence:

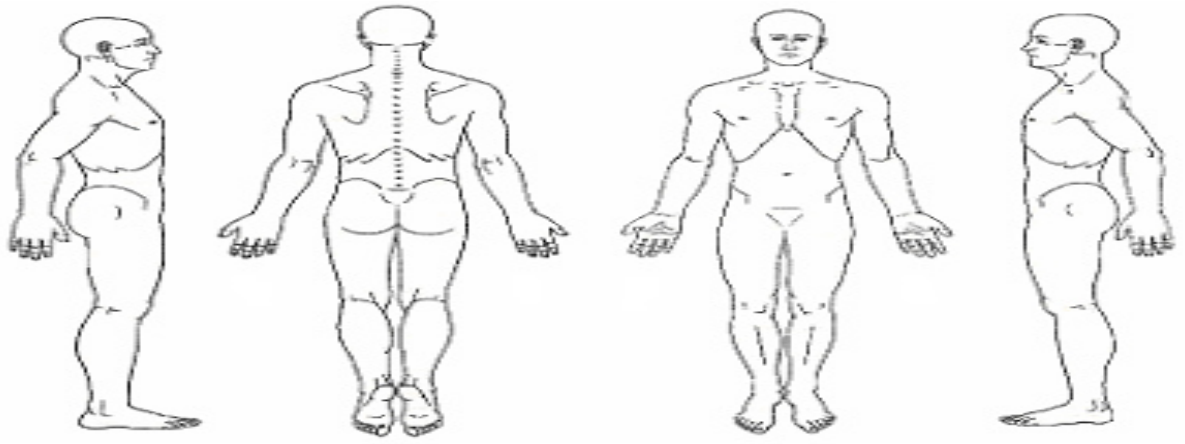
Please list any conditions or side-effects you have and/or medications you are taking associated with these conditions:

Are there any areas you do **NOT** wish to have massaged?
Check any that apply: Face? Scalp? Pecs? Glutes

I usually prefer this type of pressure during my massage:

- Light – Medium
- Firm
- Deep

Please circle or place an X over any areas of discomfort or tension or where you'd like particular focus during your massage session



MASSAGE THERAPY INFORMED CONSENT, PLEASE READ INITIAL & SIGN:

❖ **Illness Policy:** If you are currently experiencing a cold, flu or fever, your session **MUST** be rescheduled for 48 hrs after symptoms subside. INITIAL: _____

❖ **Cancellation Policy:** By signing this intake form you agree that if you need to cancel or reschedule an appointment, you will provide Sara Bliss with a minimum of twenty four hours notice to avoid being charged a fee. Any cancellations within twenty four hours of your scheduled time will be subject to the current cancellation fee of \$30. INITIAL: _____

❖ **GROUPON Clients Only:** By signing this intake form you indicate your understanding & adherence to the following policies:

BLISS Massage Therapy Groupon deals are exclusively for first time guests. Groupon sets an expiration date for the promotional value of your vouchers based upon your date of purchase. That expiration date is found directly on your vouchers. Expiration dates **WILL NOT** be extended. By signing below you indicate that you take responsibility for purchase of your Groupons and the scheduling of your appointments within the allotted timeframe for such. Appointments are scheduled on a first come, first served basis. Promotional value of Groupon vouchers expire according to the date indicated on the voucher. Purchase value does not expire. Expired vouchers may be used as credit toward the normal full rate for the same length of session as indicated on the voucher, with remaining balance to be paid at the time of the massage appointment. Groupon vouchers may not be combined with any other promotions. INITIAL _____

❖ I, understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, 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 see a physician, chiropractor 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 understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I hereby hold harmless and indemnify the therapist, her principals, and agents from all claims and liability whatsoever.

I AGREE TO ABIDE BY THE ABOVE OUTLINED POLICIES:

Client signature: _____ Date: _____