



- Ashiatsu Oriental Bar Therapy™
- Prenatal Massage
- Infant Massage Course
- Reflexology
- Swedish Massage
- Deep Tissue
- Hot Stone Massage
- Couples Massage
- Jaw Pain Eliminator

Name _____

Address _____ DOB _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Mobile # _____

Every Wednesday we send an email to our clients listing available appointments for the upcoming week, offering specials and discounts, as well as simple tips to reduce stress and pain. You will also receive a \$10 discount off your 2nd massage with us for allowing us to contact you this way. We do not sell or share these email addresses, and you may unsubscribe at any time.

What email address may we put on file for you? _____

How did you hear about us? Google Other website Gift Certificate Print ad
 Saw your t-shirts Other _____ Friend _____

What is massage to you? A necessity An occasional treat For when I'm in pain For relaxation

What is your goal for today? Work on a specific problem General relaxation Combination

If you have a primary care doctor, please list his or her name. _____
 Phone # (if you have it) _____

Please check below if any of the following applies to you:

- | | | |
|--------------------------|-----------------|-------------------|
| General | Upper Body | Lower Body |
| Sinus/Allergies | Headaches | Lower Back Pain |
| Skin Condition | Upper Back Pain | Sciatica |
| Multiple Sclerosis | Stiff/Sore Neck | Leg/Foot Cramps |
| High/Low Blood Pressure | Shoulder Pain | Herniated Disc |
| Taking Medication | Elbow Pain | Joint Replacement |
| Diabetes | Wrist/Hand Pain | Pain w/Standing |
| Cancer | TMJ Syndrome | Pain w/Sitting |
| HIV/AIDS | Migraines | Pain w/Movement |
| Fibromyalgia | Pain w/Movement | Tight/Sore Legs |
| Osteoporosis | Ringing in Ears | Cold Feet |
| Heart Condition | Whiplash Injury | Ticklish Feet |
| Pregnant - # weeks _____ | | |

If necessary, please elaborate on any of the checked items from the previous page or add unlisted items.

Please list any surgeries, car accidents or severe injuries that have occurred within the last year.

A massage business is made or lost on how we use our time. Once it's gone, it's gone! We have several important policies we have to help us manage our time effectively:

Lateness Policy

We request you arrive a few minutes early for your appointment. In order for us to uphold our professional standards of being on time, we regret that we cannot give you additional time if you arrive late for your appointment. If for any reason WE are late starting your appointment, you will receive the full scheduled time.

Cancellation Policy

With 12 hours notice you will only be responsible for half the cost of your session. This courtesy gives us time to try and fill the appointment. If we receive less than 12 hours notice you will not be able to make your appointment, the full cost of the session will be billed to you. There is no charge with 24 hours notice.

As a courtesy, we remind you of your appointments. How would you like to receive your appointment reminders? Please select one.

Call me at _____ Email me at _____

I have read the above policies and understand I am financially responsible for the appointments I make at Serenity Now! Massage Therapy, Inc. I understand massage therapy is not a replacement for medical care.

Signed _____ Date _____

Parent's Signature (if minor) _____

Please let us know if there's anything we can do to make your massage more comfortable.