



Client Information

Name _____ Date of Birth _____

Address _____ City _____ State ___ Zip _____

Phone _____ Email _____

How did you hear about us? _____

Emergency Contact Name & Number _____

Occupation/Employer _____

Male Female

Are you a ProActive member? Yes No

Medical Information

Primary Physician _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you experienced a professional massage or bodywork session? Yes No When? _____

If you answer 'yes' to any of the following questions, please explain as clearly as possible.

Yes No Do you frequently suffer from stress?

Yes No Do you have tension or soreness in a specific area? If yes, please specify.

Yes No Are you a diabetic?

Yes No Do you experience frequent headaches?

Yes No Are you pregnant?

Yes No Do you have cardiac or circulatory problems?

Yes No Do you suffer from arthritis?

Yes No Do you suffer from back pain?

Yes No Are you wearing contact lenses?

Yes No Do you have numbness or stabbing pains?

Yes No Are you wearing dentures?

Yes No Do you have high blood pressure?

Yes No Are you very sensitive to touch or pressure?

Yes No If 'yes' to previous question, are you taking medication?

Yes No Have you ever had surgery? If yes, please explain.

Yes No Do you suffer from epilepsy or seizures?

Yes No Do you suffer from joint swelling?

Yes No Do you have varicose veins?

Yes No Do you have any other medical condition or are you taking any medications we should know about? If yes, please explain.

Yes No Do you have contagious diseases?

Yes No Do you have osteoporosis?

Yes No Do you have any allergies?

Yes No Do you bruise easily?

Yes No Have you had any broken bones in the past two years?

Comments

Yes No Have you been in an accident or suffered any injuries in the past two years?

Please sign on the back.

I understand that the massage/bodywork 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 practitioner so the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork 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 of which I am aware. I understand that massage/bodywork practitioners 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/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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive 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.

Consent to Treatment of Minor: By my signature below, I hereby authorize Madonna Wellness Club practitioner(s), _____, to administer massage or bodywork services to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____

Practitioner Signature _____ Date _____

Practitioner Signature _____ Date _____

Practitioner Signature _____ Date _____

Madonna Wellness Club Expiration & Refund Policy: Soteria services expire 12 months after the date of purchase and must be used by the expiration date. Services are non-refundable, they may be transferred to a different service type.

Madonna Wellness Club Cancellation Policy: If an appointment requires cancellation, we require a 24-hour advance notice. If an appointment is cancelled with less than 24-hours' notice, the client will be billed for the service. After three cancellations or no-shows, we reserve the right to refuse service.

I have read and agree to the terms of this policy.

Signature _____ Date _____