107 East First Street
Clayton, NC 27520
919-270-4892

Confidential Client Information

Today's Date:_____

Name:_____ Date of Birth:_____

Street Address:_____

City, State_____ Zip:_____

Email:_____

Mobile phone #:_____ Other/Work# :_____

In Case of Emergency: name_____ relationship to you_____

Emergency contact phone # and email_____

Your Occupation:_____ Referred By:_____

What is the purpose for this visit?_____

Have you received massage/bodywork before?_____

If yes, how would you describe your experience?_____

On a scale of 1-10, rate your average daily stress level:_____

Do you exercise regularly? If so, in what way and how often?

_____

Are you wearing contacts?_____

Current Condition and Medical History

Are you under the care of a health provider? And for what reason?

_____

Are you taking any medications or nutritional supplements? If so, please list and give reason._____

Please circle all numbers applicable to your present or past condition:

1. Allergies	9. Depression	17. Hypoglycemia/Diabetes
2.Anemia	10. Dizziness	18. Kidney Disease
3. Arthritis	11. Fatigue	19. Insommnia
4. Blood Clots	12. Fractures	20. Muscle Cramping
5. Cancer	13.Gout	21. Neck problems/whiplash
6. Circulatory Problems	14. Headaches	22. Neurological Injury/Disease
7. Constipation/Diarrhea	15. Hernia	23. Open wounds
8. Contagious Disease	16. High/low BP	24. PremenstrualSyndrome
25. Pregnancy	27. Sinusitis	28. Skeletal Injury/Disease
26. Scoliosis	29. Skin issues/Rash	31. Areas of numbness/pain
30. Stomach issues/Ulcer	32. Varicose Veins	33. Other

Please explain, by number any condition you circled:

_____

_____

_____

_____

_____

Office Policies

Please take a moment to carefully read the following information and sign where indicated:

I understand that the massage therapy 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 that the pressure and/or strokes may be adjusted to my comfort level.

I understand that massage therapy 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 therapy 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 therapy should not be performed under certain medical conditions, I affirm that I have stated all of 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 of the practitioner's part should I forget to do so.

I agree that all services rendered to me are charged directly to me and I am responsible for payment unless prior arrangements have been made. **A 24-hour minimum notice is required for cancellations**. **We reserve the right to charge full price for any missed or un-cancelled appointments.** The exception to this rule is illness or emergency. For the purpose of preventing the spread of infectious or contagious illness (i.e. cold, flu); if I am or becoming ill I agree to act responsibly and cancel my appointment and no fees will be charged or owed. I also agree that if my practitioner is ill or becoming ill the same will hold true.

Rates:

$85.00 60-minute session	$55.00 30-minute session	$70 45-min session
$100.00 75-minute session	$115.00 90-minute session	$140.00 120-minute session

Specialty Services Rate:_____

Client Signature:_____ Date:_____

Therapist Signature:_____ Date:_____

Thank you for your cooperation and the opportunity to help you with a truly effective therapeutic massage at Purna Yoga East. If you have any questions, please ask your therapist. We are here to assist you any way we can.

In good health,
Your Purna Yoga East Massage Therapist