

Name: _____

Occupation: _____

May we contact you with special offers? If YES please provide a valid address.

Email: _____

Are there any areas that you would like us to focus on?

Are there any areas that you would like us to stay away from?

Check all that apply to you:

Smoker _____

Diabetic _____

Pregnant _____

Varicose Veins _____

Cancer _____

Fever Blisters _____

High Blood Pressure _____

Frequent Headaches _____

Low Blood Pressure _____

Arthritis _____

Heart Conditions _____

Please specify _____

Allergies _____

Please specify _____

Epilepsy _____

Nausea _____

Seizures _____

Surgery in the last 3 years? Please specify if Yes _____

Are you currently suffering from pain related to traumatic experience (i.e.: car accidents, sports injuries, surgeries)? _____

Are you currently taking any medications? Please list _____

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. 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 changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Please note that customers who purchase a voucher through Living Social OR Amazon are allowed to use 1 every 6 months at Balanced Bodies.

If you are currently experiencing a cold or flu, your appointment MUST be rescheduled for a later date.

Client signature: _____ **Date:** _____