

New Day Bodyworks, LLC
Therapeutic Massage Services

Personal Information

Please fill out all information as accurately and thoroughly as possible.

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone: () _____ - _____ Email: _____

Occupation: _____ Date of Birth: _____

Emergency Contact and their relationship to you: _____ () _____ - _____

How did you hear about New Day Bodyworks, LLC Therapeutic Massage Services? If it was by personal referral who can I thank? _____

Have you ever received massage or bodywork before? Y / N How frequently? _____

What Pressure Do You Prefer? ___Light ___Medium ___Heavy ___Deep

Would you like me to focus on or stay away from any specific area?

Health Information

Do you have or are you any of the following (Please circle Y=Yes or N=No):

Smoker? Y / N Contagious Disease? Y / N High/Low Blood Pressure? Y / N

Allergies? Y / N Heart Conditions? Y / N Epilepsy/Seizures Y / N

Diabetic? Y / N Frequent Headaches? Y / N Varicose Veins? Y / N

Cancer? Y / N Digestive Issues Y / N TMJ? Y / N

Pregnant? Y / N if yes, how many months _____

Please explain any yes answers (use back if necessary): _____

Do you currently have from any pain related to trauma (Car accidents, sports injuries, surgeries) Y / N
If yes, briefly explain (what and when): _____

Are you currently taking any medications (include OTCs? Y / N
If yes, please list (use back if necessary): _____

Do you spend a lot of time sitting (in a car, at a computer, etc.)? Y / N
If yes, approximately how much time daily? _____

Activities

On average how much water do you drink daily? _____

Do you participate in sports? Y / N

If yes, please list your sports and tell me if you are in or out of season: _____

Do you belong to a gym, Crossfit box or other fitness facility? Y / N

If yes, how often do you train? _____ times per week _____ when I can get there

What kind of training do you do (weightlifting, cardio, circuit)? _____

Please list any other stress relieving activities you engage in (reading, gardening, yoga, etc): _____

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

- I understand that this information will be treated confidentially.
- In order to maximize the effectiveness and safety of massage sessions, I agree to give feedback during and at the end of my sessions.
- I understand that I will need to update my therapist on my health and well-being prior to each session.
- I understand that the massage/bodywork I receive is provided for the relief of muscular tension and soreness. If I experience any pain or discomfort during this session, I will immediately inform the therapist.
- I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist for any physical or mental ailment of which I am aware.
- I understand that massage therapists/bodyworkers are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or emotional conditions and that nothing said during the course of treatment should be construed as such.
- I understand and acknowledge that massage/bodywork is a non-sexual activity and that the therapist, at her discretion can elect to stop, discontinue or refuse service for any behavior deemed inappropriate.
- I affirm that I have stated all my known medical conditions and have answered all questions honestly. I understand that there shall be no liability on the practitioner's part should I forget to do so.

CLIENT SIGNATURE _____ DATE _____

PARENTAL CONSENT (if client is under the age of 16) _____

Relationship? _____

Therapist Signature

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Cancellation/Rescheduling Policy

New Day Bodyworks, LLC maintains a 24 hour cancellation/rescheduling policies. Please initial each policy below as acknowledgment of same and sign and date the bottom.

_____ I agree under all circumstances to give at least 24 hours' notice If I have to cancel or change a scheduled massage. I understand that I will be charged half the price of that session with less than 24 hours' notice. If the session is on a Groupon or Living Social voucher I acknowledge that I will forfeit the voucher (or in case of a multiple session voucher I will forfeit the single session). As a package clients I agree to be billed a flat fee of \$35.00.

_____ I acknowledge that anyone who either forgets or consciously chooses to forgo their appointment with no contact, will be considered a "no-show" by New Day Bodyworks. In such a case I agree that I will be charged the full price of the missed session. If the session is on a Groupon or Living Social voucher I acknowledge that I will forfeit the voucher. Or in case of a multiple session voucher I will forfeit the promotional price of the single session. As a package client I understand that I will forego the session and my total remaining sessions will be reduced by one.

_____ I also agree that if late or no-show cancellations persist I will be billed full price for sessions in advance at the time of booking, or in extreme cases New Day Bodyworks reserves the right not book any future appointments with me.

_____ I understand that appointment times are as scheduled and cannot extend beyond the stated time to accommodate my late arrival. If my arrival is 15 minutes or more past my scheduled start time it will result in a cancellation of the session and the provisions above will apply.

_____ I agree that if there are any health issues present at the time of my scheduled massage that might make massage a bad idea, including fever/cold/flu/sickness, etc., I will contact New Day Bodyworks BEFORE the massage to discuss rescheduling.

_____ If I am aware that I am pregnant at the time of the massage appointment I will contact New Day Bodyworks BEFORE my arrival. I acknowledge that New Day Bodyworks does not offer pre/post-natal massage services and that certain massage services could be detrimental to my health or the health of my unborn child.

_____ I am aware that other conditions can also make massage inappropriate. They include but are not limited to contagious skin conditions such as poison ivy, open cuts or recent surgical incisions. In any case where I am not sure if massage is appropriate I agree to contact New Day Bodyworks BEFORE the session to determine if the massage should take place.

Signature

Date

Credit Card Information. Since all massage services are by appointment only, a major credit card is required to hold your appointment. You will not be charged until massage services are rendered or one of the above situations has transpired. Your credit card information will be kept securely and confidentially.

Card Type _____ Card No. _____

CVV Code _____ Exp. Date _____