

North River Body Therapies
1415 10th st East Palmetto, FL 34221

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone(H) _____ (W) _____ (C) _____
Please circle the number you prefer to be contacted by regarding appointments

Email _____ (To be used for appointment reminders and discounts only)

Occupation _____ Hobbies _____

Are you a winter resident? Yes _____ No _____

Referred By: Web Sign Bench Advertisement or Friend / Family if so, who _____
D/O/B _____ (mm/dd/yyyy) Height _____ Weight _____ Male _____ Female _____

Have you ever had a professional massage before? Yes _____ No _____ If yes, then when? _____

What would you like to achieve with today's visit? Relaxation _____ Health maintenance _____ Pain Relief _____

Are there any areas you would prefer NOT to have worked on? (face, feet, knees, etc.) _____

What type of pressure would you prefer? Light _____ Moderate _____ Deep _____ Combination _____

Are you presently being treated by a Physician or other Medical Professional? Yes _____ No _____

If yes, please list name _____

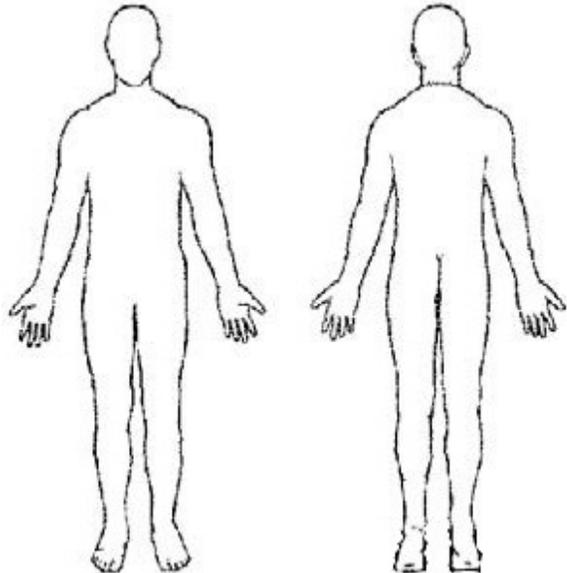
Reason for treatment _____

Are you allergic to any topical lubricants? Yes _____ No _____ If yes, which ones? _____

Are there any factors in your life (physical, mental, emotional) **the therapist should be aware of?** _____

Please circle if you have or had any of the following. Please provide dates or other important information. **Circle areas of pain or tension below**

- Arthritis, Bursitis, Tendonitis _____
- Broken bones, Strain, Sprains _____
- Heart Conditions _____
- Varicose veins, Blood clots _____
- Surgery _____
- High/Low blood pressure _____
- Allergies _____
- Skin rashes/Warts _____
- Numbness/ Tingling _____
- Cancer _____
- Diabetes _____
- Fibromyalgia _____
- Injuries/ undiagnosed pain _____
- Pregnancy (current or recent) _____
- Bruises/ Conditions _____



If you would like to customize your treatment, please fill out the information below (OPTIONAL)

During your treatment, would you rather feel: **Warm Cool No Preference**

Would you prefer: **Oils/lotion scented with aroma therapy No scent at all**

Would you like Hot Packs used in your treatment? **Yes No**

Would you like stretching or range of motion incorporated into your massage? **Yes No**

After your massage, it's your goal to feel: **Calm and Relaxed Revived and Refreshed**

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Necessary Disclaimer

All of our Massage Therapists are Licensed by the State of Florida.
They have met all of the stringent requirements as stated by the
Department of Health.

They have the highest educational standards in the industry.
Our treatments are therapeutic, professional and follow the professional
code of ethics. At no time should they be confused with services of a
sensual or sexual nature. It is at the therapist's discretion to discontinue
treatment at any point if they feel that is what your intention is.

Signature : _____ Date: _____

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Client Responsibilities

Thank you for choosing North River Body Therapies! Please take a moment to review our policies below. Please sign and date at the bottom to confirm that you have read and understand this statement, and that the health information you have provided is correct.

Cancellation Policy

Everyone loses when you miss an appointment ... Your therapist, another client who may have wanted that appointment time, and more importantly, YOU! Please allow 24 hours notice if you need to cancel or reschedule. If you call less than 2 hours prior to your appointment, you may be subject to pay a cancellation fee of \$25.

No Call, No Show Policy

We will allow one no-call, no-show per client without charge, however we reserve the right to request a credit card to secure your next appointment. If it happens a second time, we secure the right to charge your account for the full amount of the service scheduled.

Non- Sufficient Funds

We will gladly accept personal checks for payment, as long as you provide a valid picture ID that matches the name and address on your checks. If your bank should return your check for insufficient funds, you will be responsible for the amount of the check plus a \$15 service fee.

I have read the above and agree to the terms and conditions stated above.

NAME _____ **DATE** _____