

**North River Body Therapies**  
1415 10<sup>th</sup> Street 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)

Would you prefer to receive reminders via text message? No \_\_\_ Yes \_\_\_

Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

Are you a winter resident? Yes \_\_\_\_\_ No \_\_\_\_\_

Referred By: Drive By / Internet / Ad. / Friend/Family Name: \_\_\_\_\_ (they get a gift!)

D/O/B \_\_\_\_\_ (mm/dd/yyyy) Height \_\_\_\_\_ Weight \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Have you ever had a professional massage before? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

What are your goals for 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 \_\_\_\_\_

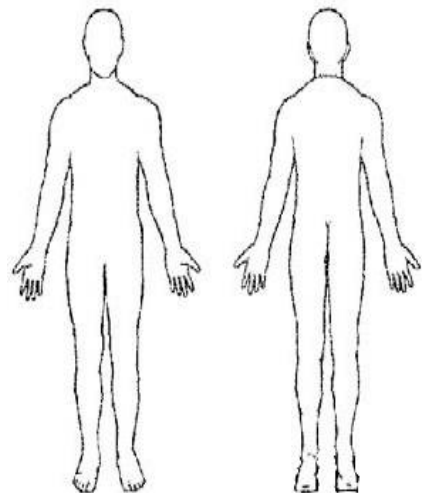
Diabetes \_\_\_\_\_

Fibromyalgia \_\_\_\_\_

Injuries/ undiagnosed pain \_\_\_\_\_

Pregnancy (current or recent) \_\_\_\_\_

Bruises/ Conditions \_\_\_\_\_



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## **Necessary Disclaimer**

All our Massage Therapists are Licensed by the State of Florida.  
They have met all 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.**

**Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_