

North River Body Therapies
1415 10th 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 _____

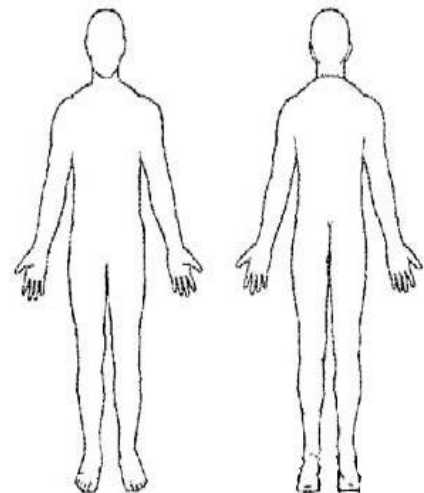
Diabetes _____

Fibromyalgia _____

Injuries/ undiagnosed pain _____

Pregnancy (current or recent) _____

Bruises/ Conditions _____



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: _____

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.

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

Signature _____ **DATE** _____