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Confidential Client Information

Personal Information

Today's Date Birth Date
Name Referred by:
Address Home Telephone
City/State/Zip Mobile/other Telephone
Occupation Email
In Case of Emergency + phone #:

General Information:

What is the purpose for this visit?
Have you received massage/bodywork before?
On a scale of 1-10, rate your average daily stress level:
How many glasses of water do you drink daily?
Do you regularly exercise? If so, in what way and how often?
Are you wearing contacts?

Current Conditions and Medical History:

Are you under the care of a health provider (i.e. physician, chiropractor, therapist)? If so, for what reason?
Are you taking any medications or nutritional supplements? If so, please list and give reason:

Please circle all conditions applicable to your present or past condition:

- 1. Allergies 13. Fractures 24. Open Wounds
2. Anemia 14. Gout 25. Premenstrual Syndrome
3. Arthritis 15. Headaches 26. Pregnancy
4. Blood Clots 16. Hernia 27. Scoliosis
5. Cancer 17. High/Low Blood Pressure 28. Sinusitis
6. Circulatory Problems 18. Hypoglycemia/Diabetes 29. Skeletal Injury/Disease
7. Constipation/Diarrhea 19. Kidney Disease 30. Skin Problems/Rash
8. Contagious Disease 20. Insomnia 31. Stomach Problems/Ulcer
9. Depression 21. Muscle Cramping 32. Areas of numbness, weakness, Shooting Pain
10. Dizziness 22. Muscle Aches 33. Varicose Veins
11. Edema 23. Neck Problems/Whiplash 34. Other
12. Fatigue 24. Neurological Injury/Disease

Please explain, by number, any conditions you have circled:

Blank lines for explanation of circled conditions.

Over, Please!

## Office Policies

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

I understand that the massage therapy I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this or any subsequent session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my comfort level.

I understand that massage therapy should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of.

I understand that massage therapy practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

I hereby give permission for my massage therapist to, when necessary, work the muscles in the gluteal area of my body, as well as the breast area for certain therapeutic benefits discussed prior to the start of the session.

Because massage therapy should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.

It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

BE does work on the gluteal region of the body as a course of treatment. I give my permission for this to occur. (please initial if you agree) \_\_\_\_\_

I agree that all services rendered to me are charged directly to me and I am responsible for payment unless prior arrangements have been made. **A 24-HOUR MINIMUM NOTICE IS REQUIRED FOR CANCELLATIONS. WE RESERVE THE RIGHT TO CHARGE FULL PRICE FOR ANY MISSED OR UNCANCELED APPOINTMENTS.** The exception to this rule is illness or emergency.

For the purpose of preventing the spread of infectious or contagious illness, if I am or am becoming ill I agree to act responsibly and cancel my appointment and no fees will be charged or owed. I also agree that if my practitioner is ill or is becoming ill the same will hold true.

~30 minute Massage Therapy session	\$ 55.00
~60 minute Massage Therapy session	\$ 95.00
~75 minute Massage Therapy session	\$110.00
~90 minute Massage Therapy session	\$125.00
~60 minute Raindrop session (With Laura)	\$100.00
~90 minute Raindrop session (With Laura)	\$135.00
~60 minute Cranial-Sacral session (With Samantha)	\$ 95.00

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_