



Name _____ Email _____

Street Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Age _____ Date of Birth _____ Gender _____ Occupation _____

Who referred you to this office? Name: _____

Yelp _____ *Google* _____ Our Website _____ Facebook _____ IG _____ Wellness Event _____ Other _____

What is your major complaint or condition that you would like to improve?

When did you first notice this? _____

Is it progressively getting better or worse? _____

Has there been a medical diagnosis? _____

List any medications/supplements you currently take: _____

Who is your regular healthcare provider? _____

Check if you currently have, or have recently had any of the following:

AIDS/HIV
 Arthritis
 Cancer
 Digestive disorder
 Headaches
 Hypotension
 Lupus
 Narcolepsy
 Osteoporosis
 Scoliosis
 Skin Condition/Rash
 Tendinitis

ALS
 Asthma/COPD
 Chest Pain
 Dizziness/Fainting
 Heart problems
 Infectious condition
 Menopausal
 Nervousness
 Parkinson's disease
 Seizures
 Sleeping disorders
 Tinnitus/Ringing ears

Alzheimers
 Blood clots
 Contacts
 Fatigue
 Herpes
 Jaw Pain/TMJD
 Menstrual pain
 Neuropathy
 Pregnant
 Shortness of breath
 Stroke
 Thyroid disorder

Anxiety
 Bursitis
 Diabetes
 Fibromyalgia
 Hypertension
 Loss of balance
 Multiple Sclerosis
 Numbness/Tingling
 Sciatica
 Sinus/Allergies
 Swelling/Edema
 Varicose veins

Arms & Hands:

Hands cold
 Loss of grip strength
 Shooting pains
 Carpel Tunnel Syndrome
 Thoracic Outlet Syndrome
 Tennis Elbow
 Other?

Hips/Legs/Feet:

Spasms/Cramps
 Pain in buttocks/hip
 Shooting pains
 Hip replacement
 Knee replacement
 Knee pain
 Other?

Mid/Low Back:

Pain with movement
 Spasms/Cramps
 Other?

Shoulders:

Pain with movement
 Can't raise arm
 Grinding/popping
 Dislocations
 Other?

Neck:

Stiffness
 Pain with movement
 Grinding/popping
 Whiplash
 Other?

Upper Back:

Stiffness
 Spasms/Cramps
 Pain between shoulder blades
 Whiplash
 Other?

I agree that all provided information is accurate and true. I understand that massage therapy is not a substitute for medical treatment or medication, and that it is recommended that I concurrently work with my primary care provider for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not a part of massage therapy. I have informed the massage therapist of all known physical and medical conditions, and I will keep the massage therapist updated on any changes. I understand that all services are strictly therapeutic and completely non-sexual. Inappropriate behavior will result in termination of my services with full payment due immediately. I fully understand the therapist's policies, and I agree to abide by them.

Signature: _____ Date: _____

Emergency Contact Name: _____ Phone: (_____) _____

CONTINUED ON OTHER SIDE 



Cancellation Policy

When you schedule a massage appointment, the allotted amount of time is reserved just for you. Due to the nature of our business, when you cancel last minute or do not show up to your appointment, we are unable to fill that time with another client; thus, we do not get paid.

In an effort to reduce the number of no-shows and last-minute cancellations, Derby City Massage has instated the following cancellation policy:

- A minimum 24-hour notice is required to cancel and/or reschedule any appointment you cannot keep.
- If proper notice is not given, you will be billed the full amount of all scheduled services, and will be required to keep a credit card on file for scheduling any future appointments.
- Your appointment is considered confirmed the moment it is scheduled. As a courtesy, Derby City Massage will send text and/or email appointment reminders at your request.

Thank you for understanding.

By signing below, I acknowledge that a minimum 24-hour notice must be given to cancel or reschedule my appointment. If 24-hour notice is not given, I agree to pay the full amount of all scheduled services.

Client Signature

Date