



~ Celebrating 20 Years Serving the Gainesville Community ~

*Client Information*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Eve Phone ( ) \_\_\_\_\_  
Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_ Email \_\_\_\_\_  
Have you had a professional massage before? \_\_\_\_\_ If yes, please tell us your preferences, likes or dislikes: \_\_\_\_\_

*Client Agreement*

Please take a moment to read the following. Sign and date where indicated.

- I understand that the information I give on this form is confidential, and will be used for no other purpose than treatment protocol and the therapist’s clinical studies.
- I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience and pain or discomfort during my sessions, I agree to inform the therapist immediately so that the pressure and/or technique may be adjusted to my level of comfort.
- I understand that the services offered are not a substitute for medical care and that information provided to me is education in intent and not diagnostically prescriptive in nature.
- Because massage/bodywork is contraindicated under certain health conditions, I affirm that I have disclosed all known health conditions and answered all questions honestly. I agree to keep the therapist updated as to changes in my health and my use of pharmaceuticals, and agree that there shall be no liability on the therapist’s part should I not do so.
- It is understood that the services I receive are strictly therapeutic and non-sexual in intent or practice.

I have read and understand the Notice of Privacy Practices for Protected Health Information, which is posted on the wall of the client waiting area, and I agree to these policies and procedures. **Please initial** \_\_\_\_\_.

I understand that I am financially responsible for my appointments, and payment is due at the time of service, unless otherwise arranged in advance. In order to avoid charges, I agree to give 24 hour notice of cancellation. **Please initial** \_\_\_\_\_.

I, \_\_\_\_\_, give my permission for you to leave any information for me, and to use your name/clinic name, at the phone numbers listed above.

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

(FORM CONTINUED ON REVERSE)

