

NOW AND ZEN BODYWORKS MASSAGE CLIENT CARD

Client Name _____ Address _____ City / State / Zip _____ Email _____	Birthday _____ Home or Cell # _____ Work # _____ Gender [] Male [] Female
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Do you have any of the following conditions? (Check all that apply)

<input type="checkbox"/> Allergies	<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Joint Swelling	<input type="checkbox"/> Sensitive to Touch or Pressure
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Epilepsy or Seizures	<input type="checkbox"/> Numbness or Stabbing Pains	<input type="checkbox"/> Stress
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Circulatory Problems	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Varicose Veins
<input type="checkbox"/> Bruise Easily	<input type="checkbox"/> Contagious Disease	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Scoliosis	

I want to receive WELLNES TIPS? ☐ YES OR ☐ NO

Have you experienced a PROFESSIONAL MASSAGE? ☐ YES OR ☐ NO

Are you PREGNANT? ☐ YES OR ☐ NO

If YES, Date? _____

If YES, How many weeks? _____

Accident or suffered any injuries in the past 2 years? _____

Please SPECIFY any medical conditions not listed _____

Please list any medications you are currently taking _____

On the diagram below, mark the area(s) of the body where you experience pain, tension, numbness, tingling, spasms, cramps, and/or where you have scars.

XXX = Pain //// = Tension *** = Spasms/Cramps ---- = Scars ### = Numbness/Tingling

Below, please mark the areas of your body which you would like the therapist to concentrate on;

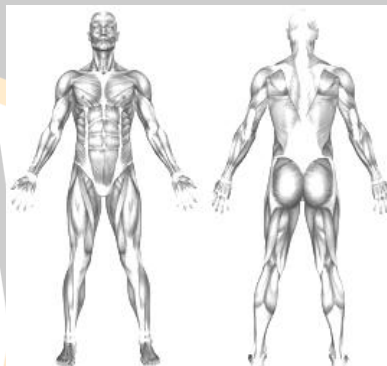
___ Neck ___ Low Back ___ Legs ___ Face ___ Chest ___ Arms ___ Upper Back ___ Buttocks ___ Feet ___ Scalp ___ Hands ___ Wrists

Below, Please mark the areas of your body that you do NOT want the therapist to massage:

___ Neck ___ Low Back ___ Legs ___ Face ___ Chest ___ Arms ___ Upper Back ___ Buttocks ___ Feet ___ Scalp ___ Hands ___ Wrists

FRONT

BACK



I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. I understand that the massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I further understand that massage therapists 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 should be construed as such, because massage should not be performed under certain medical conditions. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the massage therapist part should I fail to do so. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level or comfort.

I have read the above information and have had all my questions answered by the massage therapist or staff member. I understand the above policies and agree to abide by them.

Client Name (Please print) _____ Date _____

Cancellation Policy

I, _____ understand that I booked a massage appointment with Now & Zen Bodyworks.

Your time is very important to us; the appointment has been set aside just for you and no one else, and Now & Zen Bodyworks have committed its full attention solely to you. When you are unable to attend your session, without proper notice, we are without work to do.

Please respect our time by giving us a 24-Hour notice to cancel and rebook your appointment. In the case of a Emergency that arises the day of your massage appointment, a same day 3-Hour notice will be required to be given prior to your massage appointment time. This will give us time to try and fill the session.

I understand that a Less than 24-Hour notice, but more than 3-Hour notice, of my scheduled appointment time will result in a 50% fee applied to your account. I also understand that there is a 100% cancellation fee for a less than 3-Hour notice given prior to my scheduled massage appointment time.

Wellness Massage Packages:

I understand I have purchased a Wellness Massage Package. If I give more than 24-Hour's Notice and reschedule my massage session, it will NOT be voided. If I cancel my massage session less than 3-Hours before my scheduled massage appointment time, this will result in a void and use of one (1) massage from my massage package. I understand that I have 6 months to use my massages. If your massages become deactivated you can reactivate them for \$10.

Repeat cancellations will result in no future appointments. We would appreciate a phone call in advance if you cannot make it to your appointment or if you are running late.

I have read and understand Now & Zen Bodyworks cancellation policy:

Client Signature

Date

Policies & Procedures

- ◆ Please arrive 10 – 15 minutes early for your first massage to fill out paperwork and discuss a goal for your massage session. Walk-ins are welcome!
- ◆ Cancellations: Please call at least 3 hours before the scheduled massage appointment. This includes clients with vouchers.
- ◆ Running late please call, if you arrive late there is NOT a guarantee that you will be able to receive a massage. Your massage may be cut short due to other clients.
- ◆ Massage services are available Monday – Saturday 10am – 8pm. Schedule an appointment to guarantee a massage.
- ◆ Confidentiality and information will be kept private.
- ◆ If you have changes in your health conditions, such as Allergies, or injuries, or specific medications please let your therapist know.
- ◆ Please refrain from drinking alcoholic beverage 12 hours before your massage.
- ◆ It is very important that you drink water before and after your massage to help all toxicants to pass through your body.
- ◆ You will never be exposed during your massage, only the area this is being massaged at the time, immediately after that the area will be covered up.
- ◆ Massages are done while the client is disrobed but is covered completely by a technique called draping, however if you decide to wear clothes that is at your discretion.
- ◆ Payment is accepted at the time of service. I do not accept CHECKS. I ONLY accept Debit, Credit and CASH. Now and Zen Bodyworks is accepting insurance. However you will have to pay for the massage at the time of the service. Request a receipt to mail / fax to your insurance company to receive your reimbursement.
- ◆ Gratuity is accepted but not required.
- ◆ Your massage will not be painful at anytime. Please let the Massage Therapist know if there is discomfort.
- ◆ Conversation is up to you.
- ◆ Your massage can be stopped at anytime and you will be held responsible for services.
- ◆ There will be no sexual behavior between the client and Massage Therapist at any time.
- ◆ Genitals or breast will never be exposed at anytime.
- ◆ If required by law the Massage Therapist can provide information about the client.
- ◆ Please mention to the Massage Therapist if you are involved in a Legal Lawsuit regarding any health condition(s).
- ◆ The Massage Therapist is not accountable for any unknown conditions not updated in your file.
- ◆ The Massage Therapist has a right to refuse service.
- ◆ Please notify the Massage Therapist if you need to clean up in the restroom before receiving the massage.

I have read and understand Now & Zen Bodyworks policies and procedures:

Client Signature

Date

Pregnancy Massage Consent Form

Client Name	_____	Date of Birth	_____
Address	_____	Age	_____
Home or Cell #	_____	Work #	_____
Emergency Contact Name	_____	Emergency Contact Phone #	_____
OB/GYN Name	OB/GYN Phone # _____		

Have you ever had a massage before? () Yes or () No
If so, where?

Is this your first pregnancy? () Yes or () No
If not, what number pregnancy is this?

Have you ever had a miscarriage? () Yes or () No
If more than one, how many?

Have you ever had a spontaneous abortion? () Yes or () No
If more than one, how many?

Has your doctor ever put you on bed rest during any of your pregnancies? () Yes or () No
Explain

Have you ever been told by your doctor that you are high risk? () Yes or () No
Explain

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Pregnancy Massage Consent Form

Check any of the following that relate to your health:

<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Lupus
<input type="checkbox"/>	Anemia	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Menopause
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Fibromyalgia	<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	Pain
<input type="checkbox"/>	Back Pain	<input type="checkbox"/>	Hemorrhoids	<input type="checkbox"/>	Pelvic Inflammation
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Restrictions
<input type="checkbox"/>	Carpal Tunnel	<input type="checkbox"/>	Irritable Bowel	<input type="checkbox"/>	Scoliosis
<input type="checkbox"/>	Contacts	<input type="checkbox"/>	Kyphosis	<input type="checkbox"/>	Surgery
<input type="checkbox"/>	Dentures	<input type="checkbox"/>	Lordosis	<input type="checkbox"/>	Tendonitis
<input type="checkbox"/>	Depression	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Urinary Tract Infection

Pregnancy History

#	Year	Place Delivered	Natural or C- Section	Hour of Labor	Weight of Infant	Complications (Mother)	Complications (Child)
1							
2							
3							
4							
5							

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Pregnancy Massage Consent Form

I, _____, understand that a pregnancy massage is solely for the purpose of relaxation, stress reduction, and inducement of circulation and oxygenation of tissues. I also understand that this massage is not a deep tissue massage and in NO way can cause complications with my existing pregnancy or miscarriage (spontaneous abortion). I have been honest with the Massage Therapist in revealing my physical and medical history and take it upon myself to inform the Massage Therapist of any changes that may occur in my pregnancy or condition in the future. I have also discussed massage therapy with my physician (OB/GYN) and have been clear by my physician (OB/GYN) to receive this type of therapy. I have been reassured that I am always in control of the session and can give verbal feedback as to any modifications / changes in pressure, temperature, or positioning to make my experience a pleasant one.

Client Signature

Date

Guardian Signature (if Client under 18)

Date

Massage Therapist Signature

Date

OB/GYN's Name

Date

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