

Initial Consultation Document

First Name _____ Last Name _____ Birth Date _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail Address _____ I wish to receive special offers & discounts from Mineral Bodyworks
 Home Phone: _____ Cell Phone _____ I would like to receive SMS appointment reminders
 Occupation _____ Emergency contact (name & phone number) _____
 How did you hear about us? _____

MASSAGE HISTORY/ SESSION INFORMATION

Have you received massage therapy before? No ___ Yes ___; If yes, recently/frequently _____
 What did you like or dislike about your previous massages? _____
 What are your expectations for this massage? _____

HEALTH HISTORY (Included year and treatment received)

Are you or do you suspect you may be pregnant? No _____ Yes ___ if yes, how many weeks: _____ (additional wavier may need to be signed)
 Postpartum two years or less? No ___ Yes ___; if yes, DOB: _____ Have you consumed any alcohol in last 2 hours? No ___ Yes ___

| | | | | | |
|---|--|------------------------------|--|-----------|--------------------------------------|
| ✓ Please check all that apply: Are you currently under the care of a health practitioner? No _____ Yes _____ | | | | | |
| Heart Trouble | | Swollen tissue | | Cancer | Bruises, cuts or open wounds |
| Blood clot disorders | | Migraines or headaches | | Fever | Respiratory problems or disorders |
| Any contagious illness | | Dizziness or fainting spells | | Diabetes | Rash, skin irritation, skin disorder |
| Neurological disorders | | High or Low blood pressure | | HIV | Arthritis/ Bursitis/ Rheumatism |
| Spinal deviations | | Varicose veins | | Hepatitis | Osteoporosis or bone disorders |
| Are there and other medical conditions you have that are not listed above? Please explain: | | | | | |
| | | | | | |
| Surgeries and/or accidents; include dates: | | | | | |
| Allergies, especially food allergies: (Our massage oil products may contain nut oils) | | | | | |
| Medications & Purpose: | | | | | |

MINERAL BODYWORKS POLICIES

To be completed by client. Please review, check each box stating you understand and will follow all policies. Please Sign at the bottom of the next page. (Please ask us if you have any questions, concern or need additional information):

| | |
|--------------------------|---|
| <input type="checkbox"/> | The massage therapist will not perform breast massage on female clients without the written consent of the client. <i>For lymphatic drainage of sore or swollen breast tissue. If applicable, please discuss with me and sign below giving consent:</i> _____ |
| <input type="checkbox"/> | Draping will be used during the session. Mineral Bodyworks clients will be properly draped at all times. <i>“Draping” means that your body will be modestly covered by a sheet and/or towel during the massage or body treatment.</i> |
| <input type="checkbox"/> | I understand as the client, if I am uncomfortable for any reason, I may ask the therapist to cease the massage and the therapist will do so. |
| <input type="checkbox"/> | As therapist, they also reserve the right to terminate the session in the event of any sort of abusive behavior from the client. If client misbehavior should result in an abbreviated session, the client will be expected to render full payment. |
| <input type="checkbox"/> | I understand that if I am the age 17 or younger then my parent or guardian must sign a Minor Consent Form before I may receive my massage service. |
| <input type="checkbox"/> | If I agree to use essential oils, I give consent to allow my therapist to use essential oils during my massage in the form of aromatherapy. |

MASSAGE THERAPY SESSION CONSULTATION

Please review, check each box and sign at the bottom of the page. (Please ask us if you have any questions, concern or need additional information):

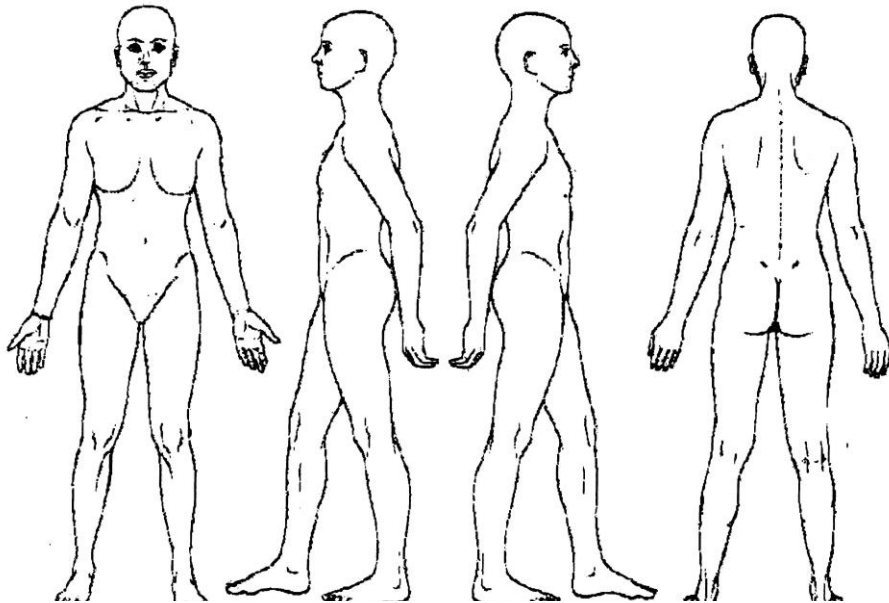
Please indicate the type of massage techniques to be used during this massage or any future massages (Check all that apply)

- Swedish
 Deep Tissue
 Trigger-point Therapy
 Sports Massage
 Stretching
 Body-wrap
 Hot-stones
 Sugar/ Salt exfoliation
 Prenatal Massage
 Cupping Massage
 Lymphatic drainage therapy for relief of minor edema, swelling and water retention
 Additional Techniques _____

On the chart below, please

- ✓ Place an 'X' on any areas to be avoided and
- ✓ Place a **CIRCLE** on any areas that need extra attention.
- ✓ Place a "T" where you are ticklish.

Identify the parts of the client's body that will be massaged or the areas of the client's body that will be avoided during the session, including indications and contraindications.



TERMS & CONDITIONS

BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE TO ALL OF THE FOLLOWING AND PREVIOUS LISTED TERMS ON THE INITIAL CONSULTATION DOCUMENT:

CANCELLATION POLICY: Appointments may be cancelled without a charge up to 24 hours before the appointment's scheduled start time. Cancellations made less than 24 hours of their appointment's start time, may be charged a Late Cancellation fee of \$35 and by signing below, I authorize Mineral Bodyworks to charge my credit card or debit card on file in the event of such late cancellation.

COMMUNICATION POLICY: Mineral Bodyworks may occasionally send promotional opportunities and marketing materials via e-mail, phone calls, text messages, and other electronic messages. If you do not wish to have your contact information used to promote Mineral Bodyworks services or products, you can opt-out of receiving such communications by letting our receptionist know or unsubscribe by following the link found at the bottom of the e-mail.

DISCLAIMER & CLIENT RESPONSIBILITIES: Massage therapy services are for the primary purpose of relaxation and providing relief from muscular pain and tension. Massage therapy treatments are in no way intended to be a substitute for examination, diagnosis, or treatment by a physician. Our massage therapists are not qualified to diagnose, prescribe, or treat any physical or mental illness and are not qualified to perform spinal or skeletal adjustments. All information provided is educational in nature and is to be used at your own risk. Because massage and bodywork therapy may be contraindicated due to certain medical conditions, I affirm that I have informed the spa of all known medical conditions and will keep the spa updated as to any changes in my condition going forward. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the session may be adjusted to my level of comfort.

ASSUMPTION OF RISK, RELEASE, WAIVER OF LIABILITY:

By signing below, I hereby waive all claims, assume all risks, liability and release, and agree to defend Mineral Bodyworks (owners and all employees), from liability for any injury, claim, cause of action, suit, demand, and damages (including but not limited to personal injury & consequential damages), and any reference associated with their therapeutic recommendations.

Client Signature _____ **Date** _____

Massage Therapist (LMT) Signature _____ **Date** _____