ZEN MASSAGE - CLIENT INFORMATION

NAME:	TODAY'S DATE:			
ADDRESS:	HEIGHT:	WEIGHT		
	DOB:	OCCUPATION	ON:	
TELEPHONE:	EMERGENCY CONTACT:			
EMAIL:	_ HOW DID YOU HEAR ABOUT ZEN?			
Although these questions may seem extensive, please answer ho therapy is a holistic therapy that affects all parts and systems of t				
Have you ever had a professional massage before? Within the past year, have you been under the routine care practitioner, psychotherapist, etc.? For what?	of a health provide	er(s) including chir	opractor, physician	
	*Circle any areas of stress, pain or discomfort on the image below.			
Please describe any significant bodily injuries that you can	.	-		
remember, and when they happened (accidents, sprains, broken/fractured bones, physical abuse, other):	50	Q	R	R
List areas of the body that you <u>DO NOT</u> wish to be worked on?			ASP	
Do you currently have any diagnosed conditions?				
Please tell us your goals for this massage therapy session:				
PLEASE TAKE A MOMENT TO CAREFULLY READ TI	HE FOLLOWING IN	FORMATION ANI	D SIGN WHERE IN	DICATED.
If you have a specific medical condition or specific symptoms care provider may be required prior to service being provider purpose of relaxation and relief of muscular tension. If I expertherapist so that the pressure and/or strokes may be adjusted to be construed as a substitute for medical examination, diagnosis, of qualified medical specialist for any mental or physical ailment not qualified to perform spinal or skeletal adjustments, diagnosid in the course of the session given, should be construed certain medical conditions, I affirm that I have stated all my known practitioner updated as to any changes in my medical profile and forget to do so. It is also understood that any illicit or sexually suffermination of the session, and I will be liable for payment of the session.	d. I understand that rience any pain or dismy level of comfort. or treatment and that that I am aware as such. Because wn medical condition understand that the uggestive remarks of the scheduled apprise of the scheduled a	at massage/bodywoscomfort during thing I further understant to I should consult of. I understand the treat any physical massage/bodyworms, and answered all the shall be no liability advances made oppointment.	ork I receive is prossession, I will immend that massage/body a physician, chirophat massage/bodyv or mental illness ask should not be poll questions honestly lity on the practition by me will result in	ovided for the basic ediately inform the dywork should not bractor, or other work therapists are and that nothing erformed under y. I agree to keep the per's part should I in immediate
Zen Cancellation Policy: Zen has a 24-hour cancellation polic appointment are subject to a \$35 cancellation fee. Should you appointment time, Zen reserves the right to cancel the massage serves receive appointment confirmations, specials and VIP discounts from confirmations or discounts, please let us know.	u arrive for your apposession and charge a	ointment more that \$35 cancellation fe	n 15 minutes past thee. By signing below,	e scheduled you agree to
Client Signature		Date	<u> </u>	
Therapist Signature/LMBT #		Date	•	

Our Suggestions for Clients - Get the Most Out of Your Session