SAGE ACUPUNCTURE
MASSAGE & BODYWORK CLIENT INFO

Name: _____ Phone: ( ) _____

Address: _____

City: _____ State: _____ Zip: _____ D.O.B.: _____

Email: _____

Whom May We Thank for Your Referral? _____

CONFIDENTIAL MEDICAL INFORMATION

What areas in your body are causing you the most physical discomfort? _____

_____

On a scale from 1-10, how would you rate your current pain level? _____

Please check any of the following that apply:

____Cardiac or Circulatory Problems	____Osteoporosis	____Varicose Veins
____HIV	____Skin Condition_____	____Pregnant
____Diabetes	____Allergies_____	____Cancer
____Epilepsy	____Asthma	____Other _____

Please take a moment to read the following and sign below:

If you have a specific medical condition, bodywork may be contraindicated. A referral from your primary care proider may be required prior to services being provided. If I experience pain or discomfort during my session, I will immediately inform the practitioner so that the pressure may be adjusted to my level of comfort. I further understand that bodywork should not be a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any physical or mental ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments. I affirm that I have stated all my known medical conditions and that I have answered honestly. I agree to keep the practitioner updated as to changes in my medical profile and I understand that there shall be no liability on the practitioner's part if I forget to do so. I also understood that any illicit or sexually inappropriate remarks or advances will result in termination of the session and I will be liable for full payment of the appointment.

CANCELLATION POLICY

A Deposit is required for all appointments. As a courtesy to the therapist, cancellation with less than a 24-Hour notice or No-Shows, will be charged for half the amount of the scheduled session.

Client: _____ Date: _____/_____/_____

Practitioner: _____ Date: _____/_____/_____