SANTOSHA YOGA
48774 Gratiot
Chesterfield, MI 48051
Phone: 586-949-5515

MASSAGE THERAPY CLIENT INFORMATION
CONFIDENTIAL

First Name: _____ MI: _____ Last Name: _____

Email: _____ Birthday: _____

Cell Phone: _____ Home Phone: _____

Address: _____ City, State, Zip: _____

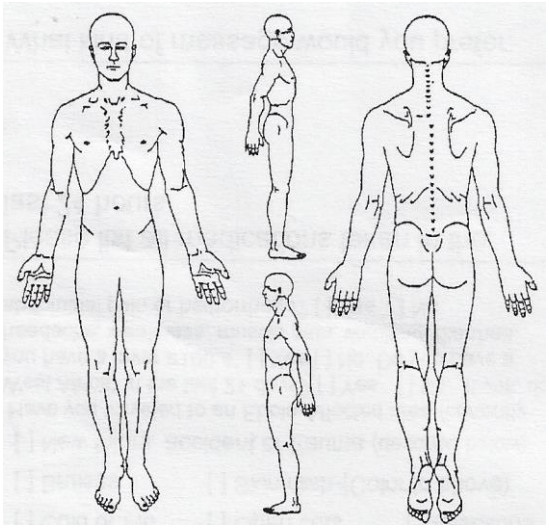
Please check off any of the following conditions or symptoms which apply to you now or in the past:

___ High Blood Pressure	___ Blood Clots	___ Heart Attack/Stroke
___ Low Blood Pressure	___ HIV/AIDS	___ Muscle Strain/Sprain
___ Low Back Pain	___ Arthritis	___ Hypo/Hyperglycemia
___ Varicose Veins	___ Osteoporosis	___ Allergy to Nut Oils
___ Diabetes	___ Headaches	___ Skin Infections
___ Pregnant	___ Contagious Condition	___ Other

Please explain any of the above or other conditions/symptoms you have experienced:

_____
_____
_____
_____

Please place an X on any areas of discomfort



If you have had any serious or chronic illness operations or traumatic accidents, please explain:

_____
_____
_____
_____
_____
_____

Are you currently on any medication(s)? If so, please list:

_____
_____
_____
_____

Have you received a massage before and if so how often?

_____
_____

Continued other side

MASSAGE THERAPY CLIENT WAIVER

What is your Occupation? _____

How did you hear about us? _____

Please initial ***each*** statement then sign and date below.

_____ I understand that massage therapy and body work are for the purposes of stress reduction relief from muscular tension and spasm general relaxation and improvement of circulation and energy flow.

_____ I understand that the massage therapists and bodywork practitioners do not diagnose illness disease or any other physical or mental disorder. The practitioner does not prescribe medical treatment of pharmaceuticals nor does he/she perform any spinal manipulations. It has been made very clear that massage therapy and bodywork are not substitutes for medical examination or diagnosis and that it is recommended that I see a medical practitioner for any physical ailment that I may have.

_____ I understand that services offered today and in the future are not a substitute for medical care and that any information provided by the therapist is not a medical diagnosis.

_____ I have stated all of my known medical conditions on the Client Information Form. I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions.

_____ I realize it is solely my responsibility to keep the massage therapists and bodywork practitioners updated on any changes in my physical health and I understand that the Santosha Yoga LLC and the practitioner shall not be liable should I fail to do so.

_____ I understand that all massage therapy and bodywork offered is strictly non-sexual.

_____I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment.

_____ By signing this release I hereby waive and release Santosha Yoga LLC and its staff, massage therapists and bodywork practitioners from any and all liability past, present and future relating to massage therapy and bodywork.

I have read and agree to the policies stated above.

Print Client Name: _____

Client Signature: _____

Date: _____

Therapist Signature: _____

Notes: _____
_____
_____
_____
_____