

# Now and Zen

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referred by: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to be included on our email list to receive information regarding events and valuable coupons from Now and Zen Massage? **Yes! No Thanks.**

Emergency Contact Name & Telephone: \_\_\_\_\_

**Yes No**

\_\_\_\_\_ Have you ever experienced a professional massage or bodywork session?

If yes, how recently? \_\_\_\_\_

\_\_\_\_\_ Are you pregnant?

\_\_\_\_\_ Have you had surgery in the past 2 years?

If yes, what for? \_\_\_\_\_

\_\_\_\_\_ Do you have allergies?

If yes, please list \_\_\_\_\_

\_\_\_\_\_ Do you have tension or soreness in a specific area?

If yes, where? \_\_\_\_\_

\_\_\_\_\_ Do you have a pressure preference?

If yes, please circle. Light Medium/Firm Deep

\_\_\_\_\_ Are there any areas you would like avoided during massage?

(Ex:Feet, Scalp, Glutes) If yes, where? \_\_\_\_\_

\_\_\_\_\_ Do you have any other medical conditions not mentioned above?

If yes, please list \_\_\_\_\_

Additional comments:

\_\_\_\_\_

PLEASE READ CAREFULLY: If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to receiving any treatments.

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session I will immediately inform the practitioner. I further understand that massage/bodywork should not be used as a substitute for medical attention, diagnosis or treatment. Because massage/bodywork 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 practitioner updated as to any change in my medical profile and I understand that there shall be no liability on the practitioner's part should I fail to do so.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_