Welcome to Soleil Massage & Bodywork! I'm glad you've chosen me to provide you quality massage therapy services. In order to provide the best service possible, please complete the following questionnaire.

Client Information

Date________________________________

Name ________________________________ Phone________________________________

Address________________________________City/State/Zip________________________

Date of Birth ______/_______/______ Email ________________________________

Emergency Contact ________________________________ Phone ____________________

Occupation ________________________ Employer ________________________________

Preferred method of appointment confirmation ____email ____ text ____ phone call

Would you like to receive specials via email? ____Yes ____ No

How did you hear about us?________________________________

Who can we thank for referring you?________________________________

1. Have you had a professional massage before? ____Yes ____ No If yes, how often do you get massages? ________________ When was your last massage? ____________________

2. Do you have any allergies to oils, lotions or ointments? ____Yes ____ No

If yes, please explain________________________________

Medical History

Are you currently under medical supervision? ____Yes ____ No

If yes, please explain ________________________________

Do you see a chiropractor? ____Yes ____ No If yes, how often? ____________________

Are you currently taking any medication? ____Yes ____ No

If yes, please list ________________________________

Please check any conditions listed below that apply to you:

( ) contagious skin condition
( ) recent surgery
( ) recent accident or injury
( ) high or low blood pressure
( ) atherosclerosis
( ) rheumatoid arthritis/osteoarthritis
( ) headaches/migraines
( ) diabetes
( ) easy bruising
( ) artificial joint
( ) heart condition
( ) circulatory disorder
( ) phlebitis
( ) osteoporosis
( ) carpal tunnel syndrome
( ) fibromyalgia
( ) decreased sensation
( ) TMJ
( ) back/neck problems
( ) varicose veins
( ) DVT/blood clots
( ) epilepsy
( ) cancer
( ) pregnancy ____ months

What are the main reasons you are seeking treatment?____

____

____

Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

____

____

Massage Therapy Informed Consent

I, ________________________________ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client ____ Date ________/_______/________

Soleil Spa

Massage & Bodywork

Policies

Welcome to my practice. It is my intention to provide a safe and honoring environment. Please read and sign to acknowledge your understanding of the following policies:

Confidentiality
All the information shared is kept confidential unless a written release is approved and signed by you. Certain legal limits on confidentiality do exist and do not need a release from you:

1. If there is convincing evidence that you are in immediate danger to yourself or others. Legal action may be taken for your own protection and that of others.
2. If you are involved in a medical emergency.
3. Incidents of child or elder abuse, including physical, sexual, or neglect must be reported by me to the necessary agencies.
4. A court of law may subpoena information and may order release of information.

Cancellation and "No-show" Policy
I understand that unanticipated events happen occasionally in everyone's life. In my desire to be effective and fair to all clients, the following policies are honored: **24 hour advance notice is required** when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give 24 hours advance notice you will be charged half the cost of your appointment. This amount must be paid prior to your next scheduled appointment. I will attempt to fill your appointment time from my waiting list. If I can fill it, you will not be charged the fee. If you forget or consciously choose to forgo your appointment for whatever reason, it is considered a "no-show." You will be charged half the cost of your appointment. This amount must be paid prior to or at your next scheduled appointment.

Late Arrivals
If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the full amount of the scheduled session. Out of respect and consideration to your therapist and other clients, please plan accordingly and be on time.

Client Rights and Responsibilities
You have the right to terminate our therapeutic relationship at any time. You have the right to informed consent. You may ask me about my training, experience, philosophy at any time. Sexual intimacy between client and therapi8st is prohibited. I do not engage in dual-role relationships with clients. You will be draped at all times. All cell phones will be turned off prior to entering the office.

Signature of client ____ Date ________/_______/________

Soleil Massage & Bodywork ~ 130 N. Main Street, Oregon, WI 53575 ~ 608-835-2544