

Soleil Spa

Massage & Bodywork



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 _____

Occupation _____ Employer _____

Emergency Contact _____ Phone _____

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? _____

Have you had a professional massage before? ___Yes ___No

What type of pressure do you prefer? ___light ___medium ___deep

If yes, how often do you get massages? _____ When was your last massage? _____

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: Not listed below _____

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> TMJ | <input type="checkbox"/> easy bruising | <input type="checkbox"/> fibromyalgia | <input type="checkbox"/> high/low blood pressure | <input type="checkbox"/> carpal tunnel |
| <input type="checkbox"/> artificial joint | <input type="checkbox"/> epilepsy | <input type="checkbox"/> headache/migraine | <input type="checkbox"/> recent accident or injury | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> phlebitis | <input type="checkbox"/> recent surgery | <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> varicose veins | <input type="checkbox"/> back/neck pain |
| <input type="checkbox"/> atherosclerosis | <input type="checkbox"/> heart condition | <input type="checkbox"/> DVT/blood clots | <input type="checkbox"/> rheumatoid arthritis | <input type="checkbox"/> skin condition |
| <input type="checkbox"/> osteoporosis | <input type="checkbox"/> osteoarthritis | <input type="checkbox"/> decreased sensation | <input type="checkbox"/> diabetes | <input type="checkbox"/> cancer |

What are the main reasons you are seeking treatment today? _____

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 ____/____/____

We Love Referrals!
THE GREATEST FORM OF FLATTERY
IS A REFERRAL!

When you refer your friends you'll both receive rewards!
Just our way of saying Thanks and Welcome!

It's easy. Just take a card, put your name on it and give it to a friend. They put their name on it and come into Soleil Spa and you both receive your reward of choice!

REWARDS:

- 15% OFF your next Massage
- 15% OFF your next Infrared Bodyshaping Bodywrap
- FREE Tan or Lotion Pack
- \$10 off your next Tanning or RLT package

Soleil Spa Massage & Bodywork
608-835-2544 ~ SOLEIL-SPA.NET

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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, and philosophy at any time. Sexual intimacy between client and therapist 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 ____/____/____