



CLIENT CONSULTATION & POLICY AGREEMENT

Name: _____ Gender: _____
Address: _____ City: _____ State: _____ Zip: _____
Home/Cell Phone: _____ Work /Alternate Phone: _____
Email Address: _____ Birth Date: _____
Emergency Contact: _____ Phone: _____
Occupation: _____
How did you find out about TrioSpa: _____

HISTORY RECORD

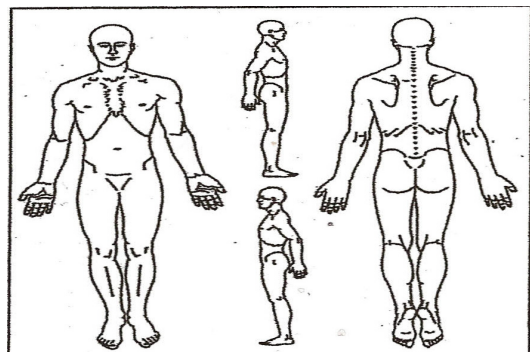
Have you ever received a Massage Therapy Session before? Yes No
If so, when was your last session: _____
Are you currently pregnant: _____ Are you wearing contact lenses: _____
Have you had any of these health conditions in the past or present? (Please check all that apply)
 High blood pressure Cancer Arthritis Tendonitis Spinal injury
 Skin Irritation Allergies Seizures Headaches Poor Blood Circulation
 Other/s _____
Do you have any illnesses that the Massage Therapist should be aware of? Yes No
If so, please explain: _____
Are you under the care of a Physician, Physical Therapist, Chiropractor, other? Yes No
If so, please explain: _____

CLIENT GOALS

What are your goals for this Massage Therapy Session today and long term?
 Soothe Aching Muscles Stress Reduction General Health Enhance Training
 Injury Recovery Other Goals: _____
What type of pressure do you prefer? Very Deep Deep Firm Medium Light Not Sure
Are there any areas of the body that you want the Massage Therapist to avoid? Yes No
If so, please explain: _____

Using the diagram located in the box, please shade the area/s in which you would like to focus on or are experiencing muscle pain...

THERAPIST NOTES:





Massage Client Policy Agreement

Please read the following Policies and Agreements carefully. The following information pertains to your massage therapy session for today and all subsequent appointments. Please feel free to ask any questions. Once you understand this agreement completely, please sign and date it at the bottom where indicated. This document will be included with your master file at TrioSpa. If you would like a copy, just ask. **Thank you!**

1. All of the information, including any pertinent medical conditions, contained on my **Client History Form** is accurate to the best of my knowledge.
2. I will take full responsibility to inform my therapist if any pertinent changes have taken place in my health since my last massage session.
3. The purpose of my visits with my massage therapist is strictly for stress reduction, release of muscular tension/spasm and overall relaxation. This is not a substitute for medical diagnosis, examinations, treatments or prescriptions regarding illness, ailment or disease.
4. I am fully aware that this is a **non-sexual massage**. Any misconduct or inappropriate behavior in this way will result in immediate termination of the session with full payment due.
5. I understand that I am always in **complete control of my body** during each session and will freely comment regarding my comfort and/or discomfort at any time. I can say "stop" whenever I want to do so.
6. With all Swedish massage sessions, I understand that I will be **safely covered with a sheet** (aka draping) at all times and only the body part being worked on will be exposed and then re-covered.
7. I agree to pay by cash, check or credit card after the time services are rendered. If my check bounces, I agree to pay a service fee of \$35. If any additional fines are incurred, with proof, I will cover those fees as well.
8. I understand that there is a **24-hour Notice of Cancellation** policy strictly enforced. Failure to do so will result in a fee 50% of the rate of the session scheduled. Any "no-show" of a given session will result in a fee of 100% of the total session scheduled.
9. If I am going to be late for an appointment, I understand that my session may end at the originally scheduled time and will make full payment for the session as scheduled.
10. I agree to have **good personal hygiene** for each and every session.

Other important items noted:

- No strong scented perfumes and other scents and aromas
- Will not arrive under the influence of drugs or alcohol
- Pager and/or cell phone turned off
- Any information you provide to TrioSpa will remain confidential...
- **Your Privacy Is Our Policy!**

The intent of a Massage Therapy Session is therapeutic in nature and may be terminated at any time by either party. I also accept all of the above policies and agreements.

Client Signature

Date

***TrioSpa... Therapy for the Mind, Body & Soul
Massage, Facials & Waxing***

(408) 985-1544

www.TrioSpa.net

TrioSpa@yahoo.com

Massage Therapist Signature

Date