[Tru Massage Therapy]

New Client Form (If have been to TMT before let us know so don't have to fill out)

(www.trumassage.com and www.facebook.com/trumassagespa)

(Please Print)

Client Information			
First Name:	Last Name:		Title: *(please circle)* Mr. | Mrs. | Miss | Ms
Street Address:	Apartment/Unit #:		
City:	State:	ZIP:	
Home Phone:	Mobile Phone:	Work Phone:	
E-mail Address (please print neatly):			Gender: Male ☐ Female ☐
Birth Date:	Occupation:	Interested learning about essential oils?	
How did you hear about us?		Interested in learning about Advcocare?	

Have you ever had a professional Massage before? □ yes □ no If yes, how often? _____

If yes, do you have a style or pressure *preference*? □ yes □ no

Specify: □ light pressure □ medium pressure □ deep pressure □ Reflexology □ Sports □ Massage Cupping

Purpose of Massage today? □ Relax/destress □ Relieve pain- _____ □ Migraines □ Other:

Are you sensitive to fragrances, candles or perfumes? □ yes □ no

Do you have sensitive skin (bruise easily)? □ yes □ no

Do you exercise regularly? □ yes □ no If so, what type(s)?_____

Do you sit long hours at workstation, computer, driving? _____

What are your common areas of pain or tension? _____

Medical History

Do you suffer from chronic or persistent pain/discomfort? Where? How long? _____

Do you know what caused it or when the symptoms seem to get worse or better? _____

_____

Do you see a chiropractor? □ yes □ no If so, how often & who? _____

Are you currently under continuous medical care? □ yes □ no

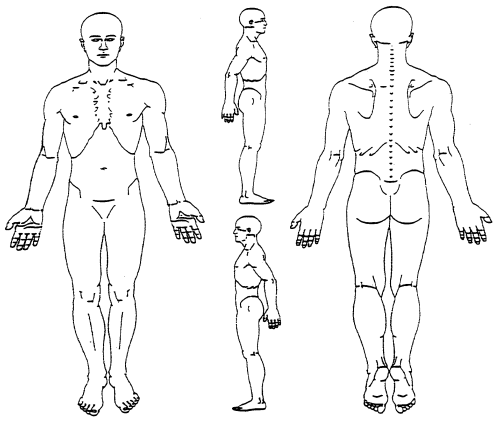
Are you currently taking any prescription medication? If so, for what? _____

_____

Please indicate any conditions that you have had or currently have:

□ headaches, migraines
□ arthritis, tendonitis
□ heart/circulation problems
□ abnormal skin condition
□ joint replacement / surgery
□ high / low blood pressure
□ major accident
□ neck / back injuries
□ sprains, strains
□ lack of/ reduced feeling / sensation
□ currently pregnant- how far if so? 1st pregnancy?
□ allergies, sensitivity
□ TMJ problems
□ blood clots
□ cancer, tumors
□ varicose veins
□ fibromyalgia
□ numbness
□ paralysis
□ recent injuries
□ open sores

Circle problem areas below:



Explain any conditions that you have marked above:

_____

Informed Consent and Massage Policies

By signing below I understand:

- Massage Therapist does not prescribe or diagnose medical treatment or pharmaceuticals, nor do they perform spinal manipulations but can refer to a good chiropractor in town if you would like
- Massage is not a substitute for medical treatment, chiropractic treatments or diagnoses and that it is recommended that I see a physician for any physical ailments that I may have
- I acknowledge that the information I have provided on this form is correct and current to the best of my knowledge
- It is my responsibility to inform the massage therapist of any changes to this information
- I understand that if I experience any unusual discomfort and/or pain during my massage sessions it is my responsibility to inform the massage therapist so that they can adjust the pressure or technique being used to help make my time here rewarding (we can go lighter or deeper pressure at any time by request)
- I understand TMT requires proper draping to be used and massage therapy is not to be used in any sort of sexual way and to be refrained from sexual attempts towards any of the therapist
- TMT therapists reserve the right to stop the massage at any time they feel the massage is being portrayed in the sexual instead of Therapeutic way
- If the therapists have to stop massage for conduct you will still be charged for the full time you had scheduled and may not be rebooked if therapist feels uncomfortable
- If you are more than 5min late for your reserved appointment time, we will have to deduct time as we schedule clients back to back and isn't fair to next client who is on time
- We require a 3 hour cancellation notice for all appointments or may get charged.

Privacy Policy- All written records and massage sessions are kept strictly confidential and will not be shared with any outside establishment, individuals, organizations, or medical facilities without explicit written consent from the client (you) or the client's legal guardian. Unless legally required by local, state, or federal subpoena, summons, or other court order

After Massage Instructions:

It is important to drink lot of water the following 24hrs after massage to help reduce soreness or achiness. H20 also helps to replace fluids lost during a massage session, flushes out toxins that are released from the tissues into the blood, help to delude toxins as well as to speed up the elimination of toxins, helps to avoid dehydration, dizziness, and possible nausea. Alcohol, pop, and coffee do not count as water. Tru Massage does sell Rehydrate, Biofreeze and NightTime Recovery to help with after massage soreness and other Advocare products, along with Doterra essential oils.
It is also beneficial to stretch in between massage sessions to promote progressive improvement of conditions.

_____ _____

Client Signature (Above) **Date**

_____ _____

Parent's Signature (if under 18) **Date**

Contact Options (Client fill out)	
I would like to receive e-mail appointment reminders	Yes ☐ No ☐
I would like to receive text message appointment reminders	Yes ☐ No ☐
I would like to receive promotional e-mails (specials)	Yes ☐ No ☐
If you would like to receive text message appointment reminders, please enter your mobile service provider:	

Therapist Initials: _____