



Keoni Massage & Bodywork Company

Located at 1991 Village Park Way, Suite 2H, Encinitas CA 92024

760-822-4263 | www.keonimassage.com

Client Information Form (*Required Fields)

Today's Date: _____

*Name: _____ Email: _____ @ _____

*Cell Phone _____ *Home Phone _____ *Birth Date _____

*Address _____ *City _____ *State _____ *Zip _____

Occupation _____ How did you hear about us? _____

IN CASE OF EMERGENCY, Contact: _____ Phone: () _____

General & Medical Information

Have you ever experienced a professional massage/bodywork session? YES NO

***If you answer YES to any of the following questions, please explain as clearly as possible in the comment section.**

YES NO Are we treating you for a specific injury?

YES NO Do you frequently suffer from stress?

YES NO Do you experience frequent headaches?

YES NO Are you sensitive to touch in any area?

YES NO Do you have tension or soreness in any area?

YES NO Do you suffer from back pain?

YES NO Do you have numbness / stabbing pain anywhere?

YES NO Have you broken any bones in the past 2 years?

YES NO Have you recently been in a car accident?

YES NO Are you wearing contact lenses?

YES NO Are you pregnant? #of months _____

YES NO Do you have cardiac / circulatory problems?

YES NO Are you diabetic?

If diabetic, are you taking insulin? YES NO

YES NO Have you ever had surgery?

Dates of surgery: _____

YES NO Do you have any allergies or sensitivity to smells?

YES NO Any other conditions I should be aware of?

COMMENTS:

Please take a moment to carefully read the following information & sign where indicated.

If you have specific medical conditions or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided. 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 this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork 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 of which I am aware. I understand that massage/bodywork practitioners 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 should be construed as such. 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 changes in my medical profile and understand that there shall be no liability in the practitioners part should I forget to do so. IT IS ALSO UNDERSTOOD THAT ANY ILLICIT OR SEXUAL SUGGESTIVE REMARKS OR ADVANCES MADE BY ME WILL RESULT IN IMMEDIATE TERMINATION OF THE SESSION, AND I WILL BE LIABLE FOR PAYMENT OF THE SCHEDULED APPOINTMENT.

CANCELLATION POLICY: Client is responsible for payment of the agreed upon fee for any missed session(s). Client is also responsible for payment of the agreed upon fee for any session(s) for which Client failed to give practitioner at least **24 hours' notice of cancellation**. Cancellation notice should be left on practitioner's voicemail at **760-822-4263**.

Upon my signature below, I hereby attest that all the information furnished is true and correct.

Client's Signature: _____ Date: ____/____/____

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