

Asheville Massage Center ~ Client Information

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Main Phone _____ Alternate Phone _____

Email _____ Date of Birth _____

Emergency Contact _____

What are you seeking treatment for?

What have you done to treat this condition?

Please list any medications or supplements

Please list all relative injuries, accidents, surgeries, or illnesses

Please turn over to sign back > >

Asheville Massage Center - Client Information

- If you have a fever or are experiencing symptoms of the flu or Covid 19, please cancel your appointment prior to arrival, we will cancel with no charge.
- Everyone is required to wear masks while inside the Heart House and the Asheville Massage Center to prevent any possible spread of Covid-19/ variants.
- Please arrive with your mask on. A mask will be provided if you arrive without one.
- Masks will be worn during massages while facing up and a face cradle pocket or pillowcase will be provided while facing down.

It is my choice to receive massage therapy. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status. I am responsible for all charges for services provided. I will participate fully as a member of my healthcare team. I will make sound choices regarding my sessions' plan based upon the information provided by my massage therapist. I agree to communicate with my practitioner any time I feel my well-being is being compromised. I expect my practitioner to provide safe and effective treatment to the best of his or her skills and knowledge. We require 24 hours notice for cancellations. You may be charged up to the full amount of service for missed appointments or for any cancellations with less than a 24 hour notice.

Signature

Date