



Name _____ Phone (____) _____ DOB _____
*Cell phone provider _____ (for text confirmations)
Address _____ City _____ State _____ Zip _____
Email _____ Would you like to receive emails on monthly specials or discounts? Yes [] No []

How did you hear about us (family/friend's name, internet search, etc.)? _____

Occupation _____ Male _____ Female _____

Emergency Contact _____ Phone (____) _____

Have you ever experienced a professional massage or bodywork session? If so, how recently? _____

Specific body area(s) of complaint/concern: _____

Please check all that apply:

Body Concerns

- [] High/Low Blood Pressure (circle one)
[] Frequent Headaches/Migraines
[] Chronic Back Pain
[] Sciatic Nerve problems
[] Chronic Neck/Shoulder pain
[] Numbness? Where: _____
[] Pregnancy: _____ Weeks
[] Allergies: _____
[] Cancer: If so, when _____?
[] Muscle Pain(s): _____
[] Stress
[] Arthritis
[] Epilepsy or Seizures
[] Joint Swelling
[] Diabetes
[] Osteoporosis
[] Taking Blood Thinners

Facial Concerns

- [] Oiliness
[] Product Sensitivity
[] Lines/Wrinkles
[] Rosacea/Redness
[] Pigmentation
[] Broken Capillaries
[] Skin Tone/Elasticity
[] Other: _____
[] Dryness
[] Sun damage
[] Blackheads
[] Acne
[] Enlarged pores
[] Age Spots

LAST TWO YEARS: Medical Conditions? Yes/No Broken Bones? Yes/No Surgeries? Yes/No
Injuries? Yes/No Major Illness? Yes/No Please explain: _____

TAKING MEDICATIONS? Please list if so: _____

Would you like information about our holistic health and wellness program, and may our health coach contact you with information?
Yes No

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 stroke may be adjusted to my level of comfort. I further understand that the massage or bodywork should not be confused as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any mental or physical 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 on the practitioner's part should I fail to do so. I also understand that by scheduling future appointments, I am liable for payment of said appointments if I fail to cancel within the 24 hours stated in Fusion's company policy. I understand and agree that I will be responsible for paying for 100% of the service fee for any no-showed or late cancelled appointments. I agree that Fusion will deduct this from my credit card, a gift card, or series on file at their discretion if missed or cancelled appointment is not filled by another client. This policy is enforced in our desire to be effective and fair to all clients and out of consideration for our therapist's precious time as they do work on commission and as Fusion does have a constant running waiting list. By signing below, I agree to all terms listed on this form and everything listed is true to the best of my knowledge.

Print Name _____ Signature _____ Date _____