THERAPEUTIC BODYWORK

Welcome to Everything Zen. It is my commitment to provide you with holistic health services that enhance your body's natural ability to heal. All therapies are customized to your unique needs. Together, we will create a plan based on your lifestyle and personal goals to optimize your health and wellness. Thank you for the opportunity to share in your well-being and relaxation.

Yours in natural health,
Holly Potter, L.E., L.M.T.

Financial Policies for Everything Zen:

Dear friends and valued clients,

Both of our time is valuable, and your appointment time is held especially for you. We understand that life occasionally happens, and there may be a need to reschedule. We appreciate more than 24 hours notice, but in the event that less than 24 hours notice is given, a $50 fee will be charged to you, and payable upon your next visit. As of July 1st, 2011, tax will be charged on facial and waxing services. (All other services are non-taxable.) All gift certificates are FINAL, and can be used toward any product or service at Everything Zen. Due to Department of Health regulations, all opened retail purchases are NON-REFUNDABLE.

Thank you for your understanding, and by signing below, you agree to our financial policies.

Signature: _____

Today's Date: _____

Everything Zen

CLIENT INTAKE FORM—THERAPEUTIC BODYWORK

Name_____ Phone ( )_____ Cell ( )_____

Address _____

City _____ State ___ Zip _____ E-Mail _____

Date of birth _____ Occupation _____

Emergency Contact _____ Relationship _____ Phone ( )_____

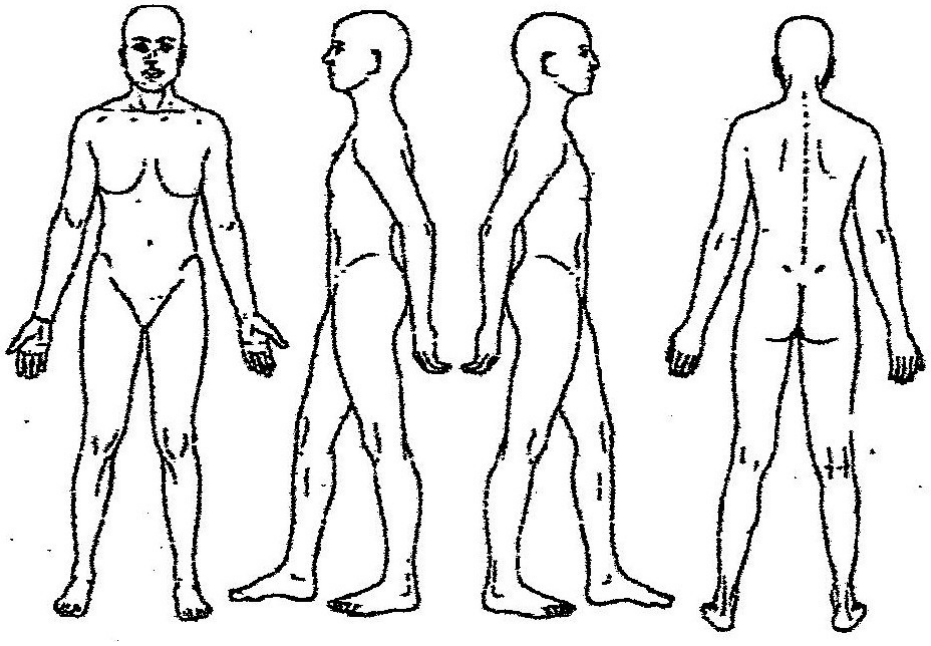
The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.

Date of Initial Visit _____

1. Have you had professional bodywork done before? Yes No
   If yes, how often do you receive such therapy? _____
2. Do you have any difficulty lying on your front, back or side? Yes No
   If yes, please explain _____
3. Do you have any allergies to oils, lotions, or ointments? Yes No
   If yes, please explain _____
4. Do you have sensitive skin? Yes No
5. Are you wearing contact lenses ( ), dentures ( ), hearing aid ( )?
6. Do you sit for long hours at a workstation, computer or driving? Yes No
   If yes, please describe _____
7. Do you perform any repetitive movement in your work, sports or hobby? Yes No
   If yes, please describe _____
8. Do you experience stress in your work, family or other aspect of your life? Yes No
   If yes, how do you think it has affected your health?
   Muscle tension ( ) Anxiety ( ) Insomnia ( ) Irritability ( ) Other _____
9. Is there a particular area of your body where you are experiencing tension, stiffness, pain or other discomfort?
   If so, please identify _____
10. Do you have any particular goals in mind for this bodywork session? Yes No
    If yes, please explain _____
    _____

Circle any specific areas you would like the therapist to concentrate on during your session.

If you are receiving Reflexology, please show specific areas on your feet.



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MEDICAL HISTORY

In order to plan a body work session that is safe and effective, we need some general information about your medical history.

11. Are you currently under medical supervision? Yes No
    If yes, please explain _____
12. Do you see a chiropractor? Yes No If yes, how often? _____
13. Are you currently taking any medications? Yes No
    If yes, please list _____
14. Please check any condition listed below that applies to you:

( ) contagious skin condition
( ) open sores or wounds
( ) easy bruising
( ) recent accident or injury
( ) recent fracture
( ) recent surgery
( ) artificial joint
( ) sprains/strains
( ) current fever
( ) swollen glands
( ) allergies/sensitivity
( ) heart condition
( ) high or low blood pressure
( ) circulatory disorder
( ) varicose veins
( ) atherosclerosis
( ) phlebitis
( ) deep vein thrombosis/blood clots
( ) joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
( ) osteoporosis
( ) epilepsy
( ) headaches/migraines
( ) cancer
( ) diabetes
( ) decreased sensation
( ) back/neck problems
( ) Fibromyalgia
( ) TMJ
( ) carpal tunnel syndrome
( ) tennis elbow
( ) pregnancy (If yes, how many months? _____)

Please explain any condition you have marked above _____

_____

_____

15. Is there is anything else about your health history that you think would be useful for your bodywork practitioner to know to plan a safe and effective session for you? _____

    _____

Draping will be used during the session—only the area being worked on will be uncovered.
Clients under the age of 17 must be accompanied by a parent or legal guardian.

I understand that the services offered are not a substitute for medical care and any information provided by the therapist is for educational purposes only, and not diagnostically prescriptive in nature. I understand that the information herein is to aid the therapist in giving better service and is completely confidential.

I, _____(print name) understand that the bodywork session I receive is provided for the basic purpose of relaxation and therapeutic bodywork. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/reflexology 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 that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and nothing said in the course of the session given should be construed as such. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of Client_____ Date_____

Signature of Therapist_____ Date_____

ORGANIC SKIN CARE ~ THERAPEUTIC MASSAGE ~ REFLEXOLOGY

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