

200 Washington Street  
Suite 105  
Santa Cruz, CA 95060  
831-818-0230

Every *body* needs balance...  
**Santa Cruz Balance Massage**



## CLIENT HISTORY

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about Santa Cruz Balance Massage?/Referred by:

☐ Yelp ☐ Google Search ☐ Yahoo Search ☐ Friend (Name): \_\_\_\_\_

Occupation / Repetitive Movements (helps to assess where to concentrate bodywork)

\_\_\_\_\_

Have you ever experienced a professional massage or bodywork session? Yes ☐ No ☐ How recently? \_\_\_\_\_

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medication condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided:

Yes ☐ No ☐ Do you have any allergies or sensitivities  
(i.e. nuts, iodine, shellfish, flowers,  
scents)?

Yes ☐ No ☐ Do you have diabetes?

Yes ☐ No ☐ Do you have a thyroid condition?

Yes ☐ No ☐ Do you experience frequent headaches  
or dizziness?

Yes ☐ No ☐ Are you pregnant? If yes, how many  
weeks? \_\_\_\_\_

Yes ☐ No ☐ Do you suffer from arthritis?

Yes ☐ No ☐ Are you wearing contact lenses or  
dentures?

Yes ☐ No ☐ Do you have cardiac or circulatory  
problems?

Yes ☐ No ☐ Do you have high blood pressure and/or  
take medication to manage blood  
pressure?

Yes ☐ No ☐ Do you suffer from epilepsy or seizures?

Yes ☐ No ☐ Do you suffer from joint swelling?

Yes ☐ No ☐ Do you have varicose veins?

Yes ☐ No ☐ Do you have any contagious conditions?

Yes ☐ No ☐ Do you have osteoporosis?

Yes ☐ No ☐ Do you bruise easily?

Yes ☐ No ☐ Any broken bones in the past two years?

Yes ☐ No ☐ Any injuries in the past two years?

Yes ☐ No ☐ Have you had any surgery?

Yes ☐ No ☐ Do you suffer from back pain or disk  
herniation?

Yes ☐ No ☐ Do you have numbness or stabbing  
pains?

Yes ☐ No ☐ Do you have Gout?

Yes ☐ No ☐ Do you have Bursitis?

Yes ☐ No ☐ Do you have Cancer?

Yes ☐ No ☐ Are you sensitive to touch or pressure in  
any area?

Yes ☐ No ☐ Please list other medical conditions  
and/or medications below:

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*PLEASE TURN OVER TO COMPLETE OTHER SIDE\*\*\***

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**During the Session:**

- Please turn your cell phone off.
- If at any time the pressure becomes uncomfortable or too intense, please tell your Therapist!

**Policies:**

*To be fair to all clients and your therapist, the following policies are honored:*

- There is 24-hour cancellation/rescheduling policy as listed on the website. Changes to your appointment made less than 24 hours of appointment will be charged 50% of the session fee. You can cancel or reschedule online using the link in your confirmation email, email me at [LisaG@MassageTherapy.com](mailto:LisaG@MassageTherapy.com) or leave a message at 831-818-0230. **NO TEXTING** please. My phone is set to block all texts so I will not see it.
- If you display any symptoms of Covid, please do cancel your appointment. An exception to the 24 hour policy will be made as long as you call within 2 hours of your appointment explaining you are displaying symptoms.
- If you test positive for Covid within 14 days post massage, please contact me immediately to let me know so I can take appropriate steps
- Please understand, appointment times are as scheduled and cannot extend beyond the slated time to accommodate late arrivals. The full price is due, even if you arrive late. If you arrive more than 10 minutes past start time, the session may be canceled.
- Any client 18 or under is required to have a parent/guardian signed consent (below.)
- Any illicit or sexually suggestive remarks or advances made will result in immediate termination of the session, and you will be liable for full payment of the scheduled appointment.

**Consent for Treatment**

I 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 given 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 any illicit or sexually 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. Understanding all of this, I give my consent to receive care.

I further understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage from Santa Cruz Balance Massage

I accept all the above policies and Consent for Treatment:

\_\_\_\_\_  
Client Full Signature (or parent, if 18 or under)

Date: \_\_\_\_\_