

Personalized Harmony

Phone: (502) 294-4237

PersonalizedHarmony@gmail.com

Name: _____

Date: _____

E-mail: _____

Phone: _____

Please answer the following questions to the best of your knowledge:

Medical History

1. Do you have allergies to oils, lotions, or ointments, allergies, lotions, ointments?

Yes / No

2. Are you currently under medical supervision?

Yes / No

If yes, please explain:

3. Are you currently under medical restrictions from medical specialist? (i.e., muscular injections)

Yes / No

If yes, please briefly explain: _____

4. Are you currently taking any medications? Especially blood thinners or mood enhancers If yes, please list: _____

Yes / No

5. Are you pregnant?

Yes / No

6. Have you recently undergone any surgeries?

Yes / No

If yes, please briefly explain: _____

If yes, how many months? _____

7. Please check any condition listed that applies to you:

contagious skin condition/open sores

Psoriasis

atherosclerosis

recent accident or injury

carpal tunnel syndrome

artificial joint

diabetes

high or low blood pressure

pacemaker

circulatory disorder

internal body hardware(rods, screws, etc.)

If so where? _____

osteoarthritis/tenonitis

osteoporosis

phlebitis

Autoimmune Disorder (check if listed)

Lupus

Multiple Sclerosis

Rheumatoid arthritis

fibromyalgia

If not listed: _____

deep vein thrombosis

varicose veins

Blood clotting disorder

headaches/migraines

How often? _____

TMJ

Personalized Harmony Massage & Services

CLIENT ACKNOWLEDGEMENT AND WAIVER

I _____, the undersigned, accept and agree to the following:
(print name)

- If I experience any pain or discomfort during this session, it is my responsibility to immediately inform the LMT, Personalized Harmony, so the pressure she uses may be adjusted to my level of comfort.
- I further understand that a massage should not be construed as a substitute for medical examinations, diagnosis, or treatment, and that I should see a physician, chiropractor, or other qualified medical specialist for any physical or mental ailment or condition that I am experiencing.
- I also understand that massage should not be performed under certain medical conditions, and affirm that I have stated all my known medical conditions, and have honestly answered all the Licensed Massage Therapist questions presented to me.
- I agree to keep Personalized Harmony, LMT, updated as to any changes in my medical profile and condition, and understand that there will be no liability on the LMT's part should I fail to do so.
- I understand that it is my responsibility to inform the LMT regarding pain, discomfort, or wanting/ not wanting hot stones, cupping, aromatherapy, and CBD topical treatment.

POLICIES

- It is the client's responsibility to include any and all medical information and provide updates for all medical changes to Personalized Harmony, LMT, prior to or at the time of each appointment.
- Personalized Harmony, LMT, is not responsible for a new or exacerbated condition that may occur during or an injury that may occur after a massage, regardless of the information the client gives re: his/her existing or past medical conditions or issues prior to the massage session or because of the client's failure to inform the LMT of pain, discomfort or other relevant issues during the massage session.
- Personalized Harmony, LMT, has a 24-hour cancellation policy. Failure to provide a proper cancellation notice will result in a \$35 charge, or the forfeit of one package visit, to be determined at LMT discretion.
- Personalized Harmony, LMT, has a 15-minute grace period for appointments. The LMT reserves the right to cancel the appointment of any client who arrives 15 minutes after the appointed time. In addition, at the LMT's discretion, the client may incur a \$35 missed-appointment charge and be rescheduled.
- To maintain the safety of our therapists and staff members, Personalized Harmony, LMT reserves the right to refuse service to anyone, at any time for any reason, with or without stating a cause (i.e., inappropriate or suggestive manner, being disrespectful to staff or other guests, or who is under the influence of any kind of substance). For guest safety, Personalized Harmony LMT, reserves the right to modify or refuse service to anyone that presents a medical condition or history that may be contraindicated to massage.
- Personalized Harmony, LMT, is not responsible for a new exacerbated condition that may occur during or an injury that may occur after a massage by the use of cupping, hotstones, aromatherapy, and CBD topical treatment, regardless of the information the client gives re: his/her existing or past medical conditions or issues prior to the massage session or because of the client's failure to inform the LMT of pain, discomfort, or other relevant issues during the massage session.
- Payment is due at the time of service.

Signature _____ Date _____

Clients under the age of 17 must be accompanied by a parent or legal guardian and informed written consent must be provided.

To help us serve you in more detail please answer these questions before the scheduled service.

Please check the boxes that apply to you.

< Finding your harmony within >

I am having issues with:

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Lower Back |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Legs |
| <input type="checkbox"/> Arms | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Hands | |
| <input type="checkbox"/> Hips | |
| <input type="checkbox"/> Mid Back | |

This started when I: _____

My pain intensifies when I:

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> Bend | <input type="checkbox"/> Reach |
| <input type="checkbox"/> Stand | <input type="checkbox"/> Work |
| <input type="checkbox"/> Walk | |

My pain decreases when I:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Laydown | <input type="checkbox"/> Stand |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Ice | <input type="checkbox"/> Stretch |
| <input type="checkbox"/> Heat | |

My goals leaving my service today are: _____

I am interested in using cupping into my service.

I am interested in using hot stones into my service.

I am interested in using stretching into my service.

Included in your service at no additional charge!

My stress on average is a _____ on a scale of 1-10:

Because: _____

I am comfortable receiving a service every _____ week's to improve healing my mind and body.

I want to learn about discount programs

