

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_

**How did you hear about Body Integrity?**

- Groupon       Do Local Deals       Internet \_\_\_\_\_  
 A Friend \_\_\_\_\_       Other \_\_\_\_\_

**Have you ever received a professional massage?**     Yes     No

**Which statement most resembles your approach to massage and your health**  
*(please check only one):*

- I receive massage for relaxation only  
 I receive massage only when I can't stand the pain anymore  
 I receive massage soon after I start having pain or discomfort  
 I receive massage frequently/regularly as part of my health care regimen

**Do you have any allergies or intolerances to:**

- Oils \_\_\_\_\_     Nuts \_\_\_\_\_     Detergents \_\_\_\_\_  
 Artificial Fragrances \_\_\_\_\_     Natural Fragrances \_\_\_\_\_  
 Latex     Nitrile     Other \_\_\_\_\_

**Have you ever been diagnosed with any of the following:**

- Sciatica/Piriformis Syndrome     Osteoporosis     Low Blood Pressure  
 Osteoarthritis     Rheumatoid Arthritis     Diabetes  
 Infectious Disease \_\_\_\_\_     Other \_\_\_\_\_

**Surgeries:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Injuries:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Broken/Fractured Bones:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE USE THE FREQUENCY SCALE TO ANSWER THE QUESTIONS:**

- 0 – Seldom to Never (2x/year or less)**  
**1 – Infrequent (2-4x per year)**  
**2 – Occasional (1-2x per month)**  
**3 – Regular (2-4x per month)**  
**4 – Frequent (1-3x per week)**  
**5 – Very Frequent/Constant (3+ x/wk)**

**0 1 2 3 4 5**

How often do you receive Massage/  
Bodywork?   

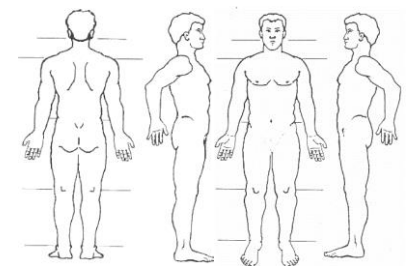
**Check all Pain/Discomfort/Stiffness:**

**0 1 2 3 4 5**

- Head/Headache           
 Neck           
 Shoulder           
 Upper Back           
 Mid Back           
 Low Back           
 Hip           
 Leg           
 Knee           
 Calf           
 Shin           
 Ankle           
 Foot           
 Ribs           
 Abdomen           
 Other \_\_\_\_\_

**Pain down the back**

- of the leg           
 Numbness           
 Tingling           
 Spasms/Cramps           
 Bursitis           
 Tendonitis           
 Fibromyalgia  
(flare up)           
 Migraine           
 Other \_\_\_\_\_

**Please indicate areas of complaint:**


SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**Informed Consent:****Client Initials:** \_\_\_\_\_

It is my choice to receive bodywork, coaching/facilitation or energy work. I realize that the treatment is being given for the well-being of my body and mind. I understand it is my responsibility to communicate with my practitioner at any time I feel like my well-being is being compromised and I agree to let the practitioner know if I am uncomfortable or the pressure, technique, or style is not to my liking or if I am uncomfortable for any other reason.

I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status.

I understand that massage is not a substitute for medical examination or diagnosis, that it is recommended that I see and concurrently work with a primary health care provider for any condition I may have. Massage therapists do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment or pharmaceuticals.

I understand that all sessions are strictly therapeutic and not of a sexual nature and that any illicit or sexually suggestive remarks, advances, or innuendo will result in the immediate termination of the session and I will be liable for services rendered. The amount of the full session will be charged in the case of early termination.

**No Show/Cancellation Policy:****Client Initials:** \_\_\_\_\_

All no shows or sessions canceled with less than 24 hours notice will be billed a small fee. Fee must be paid in full before booking your next session. Multiple no shows may require a deposit to secure a reservation. The fee amount will be refunded or deducted off your service at the time of payment. Personal insurance and insurance claims do not cover missed appointments, therefore you will be billed directly. In the case of a late arrival, the session will end at its scheduled time.

No Show/Late Cancel Fee: \$25/60-minute session, \$30/75-minute session, \$35/90-minute session.

**Payments & Billing:****Client Initials:** \_\_\_\_\_

Our standard rates are \$30 per unit (15 minutes). Sessions may be billed or paid at the time of service. We offer a Prompt Pay Incentive (PPI) for sessions paid at time of service (\$20/unit). Several pre-paid packages are also available at an additional discount.

All sales are final. Though non-refundable, all sales are fully transferable between sessions and classes at the paid price (not promotional price).

**Contact Information & Confidentiality:****Client Initials:** \_\_\_\_\_

I understand my information is held private and confidential and is released only with my permission or as required by law. My contact information will only be used for contacting me and will never be sold or shared. My information will only be used to notify me of appointment information and policy changes, one-on-one correspondence, and for insurance billing purposes.

Client's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_