

CLIENT PROFILE

Rebecca Fouts, Massage ~ (919) 414-9334 cell, text

Date: ____/____/____

Email: Rebecca@gowiththeflowmassage.com
Online Scheduling: www.gowiththeflowmassage.com

Name: _____

Address: _____

Date of Birth: ____/____/____ Gender: _____

Send booking reminders & receipts to: email / text Phone #: _____

Email: _____

How did you hear about me: _____

Preferred method of payment? Cash / PayPal / Venmo / Credit Card *(on-line thru my booking app)*

Primary Reason for your visit: _____

Physician's Recommendation? Y /N _____

Please describe recent Surgery or Procedures:

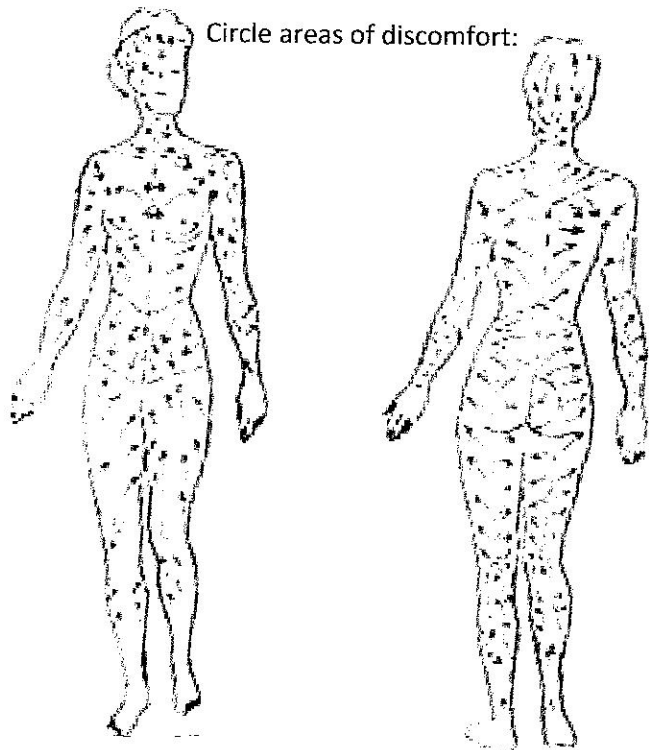
Date:

Doctor Name:

Practice Name and Location:

How do you feel today?

Circle areas of discomfort:



Do you have any other concerns that may affect this session?

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Are you pregnant? Y / N

Are you taking medication? Y / N Describe: _____

Have you had a professional massage before? Y / N How long ago? _____

What type of pressure do you prefer in your massage? _____

MANUAL LYMPHATIC DRAINAGE CLIENTS:

I understand that while the procedure I'm seeking is often referred to as Lymphatic "Massage", Manual Lymphatic Drainage is not intended to involve muscle or relaxation massage. Manual Lymphatic Drainage procedures are appropriate in most instances where "swelling from fluid" occurs in the body. This is often the case after surgery, during cancer recovery, post- liposuction and related elective procedures, and other instances of acute or chronic lymphedema. I understand that as a licensed massage therapist, Rebecca does not work by moving fluid via tubes or through pierces to the skin and that this type of "drainage" should only be conducted by licensed medical professionals.

Initials: _____

CONSENT FOR TREATMENT:

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or positioning may be adjusted to my level of comfort. I further 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 skeletal adjustments, diagnose, prescribe or treat any physical or mental illnesses, and that nothing said during the course of treatment 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 should be no liability on the practitioner's part should I fail to do so.

I understand the cost of the session I am about to receive and will offer complete payment at the time the services are rendered. I understand that appointment changes and cancellations must be confirmed via text or email at least 24 hours prior to avoid a cancellation fee being charged to my preferred method of payment. Cancellation fees are equal to 50% of the full price value of the intended session.

Client Signature : _____ Date: ____/____/____

Accepted by: _____ (Nationally Certified Therapist, NC License #10156)