True Alchemy - New Client Information

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____ Date of Birth: _____

Emergency Contact (name and phone): _____

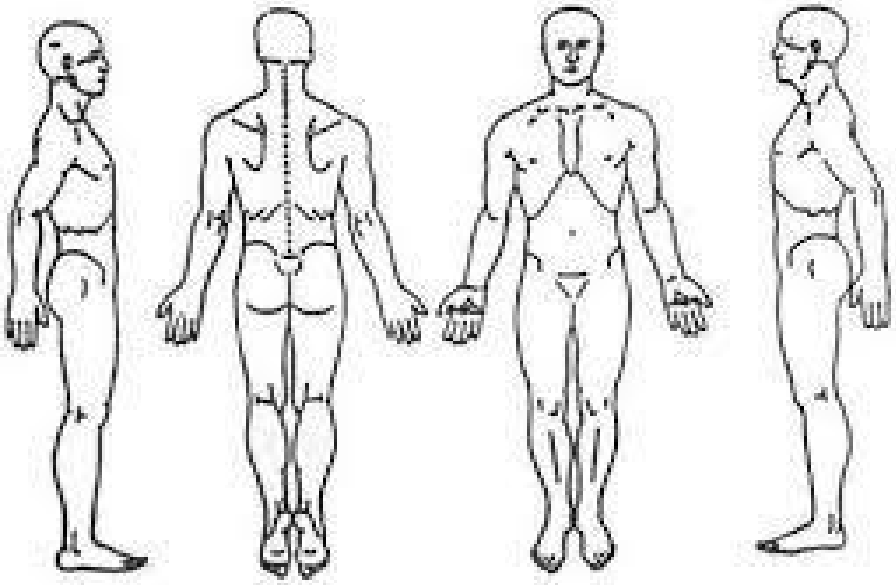
How did you hear about Sunshine Bodyworks: _____

Have you ever received a professional massage/energy work? _____

What do you expect from your massage? (Please check below):

Relaxation ___ Therapeutic___ Light Pressure ___ Medium Pressure ___ Deep Pressure ___

Areas of focus/concern:



Areas to avoid (please list): _____

List any allergies or sensitivities: _____

List any activity (include frequency): _____

List any medications and purpose: _____

Injuries/accidents/illnesses: _____

Surgeries (please include date): _____

_____

Please check any past conditions that may apply:

Allergies	Asthma	Back/Hip Pain	Blood Clots	Broken Bones
Carpal Tunnel	Diabetes	Disc Problems	Dizziness	Contact Lenses
Contagious Disease	Depression	Eczema	Headaches	Fainting
Heart Condition	Fibromyalgia	Fever	Osteoporosis	Hernia
Herpes/Shingles	High Blood Pressure	Inflammation	Paralysis	Pacemaker
Pregnant	Neck Problems	Joint Replacement	Stroke	Strain/Sprain
Psoriasis	Pins in Bones	Muscular Dystrophy	Spinal Problems	Cancer
Tendonitis	Sleep Disorders	Numbness/Tingling	Varicose Veins	TMJ, Jaw Pain
Spasm/Cramp	Parkinson's Disease	Rheumatoid Arthritis	Other:	

Details on any condition that would affect your session:

_____

_____

You understand that the services you receive from Sunshine Bodyworks, L.L.C. are provided for the basic purpose of relaxation. Modesty draping will be utilized. All body parts will be addressed except for genital and breasts. It is your responsibility to inform your service provider about any pre-existing conditions, limitations or specific sensitivities and to inform your therapist immediately if you feel any discomfort during your service.

You also understand that any illicit or sexually suggestive remarks or advances made by you will result in immediate termination of the session and you will be liable for payment of the scheduled appointment. We reserve the right to deny or discontinue services at any time for any reason.

Because some services should not be performed under certain medical conditions, you affirm that you have stated all your known medical conditions and answered all questions honestly. You agree to keep service provider updated as to any changes in your medical profile and understand that there shall be no liability on the providers part should you fail to do so.

_____ (Please initial) **Cancellation Policy**: Appointments can be canceled and rescheduled 48 hours prior to appointment. Cancellations and reschedules at any point the day before or day of the appointment time or no shows will result in a fee of 100% of the cost of the session. Arrival more than 15 minutes late for the appointment will result in a fee of 100% of the cost of the session.

By signing below, I authorize Sunshine Bodyworks, L.L.C. to charge the credit/debit card account I have provided or paid with previously for any late cancellation charges.

Additionally, I authorize Sunshine Bodyworks, L.L.C. to charge my credit card on file in lieu of presenting it for any services received.

You understand and voluntarily accept any risks associated with your services and you use of our facilities. Sunshine Bodyworks, L.L.C. nor the service provider will be liable for any injury or damage, including without limitation, personal, bodily or mental injury, economic loss, or any other damage to you, your spouse, guest, unborn child, or others resulting from the negligence or other acts of Sunshine Bodyworks L.L.C. or anyone acting on behalf thereof.

By signing below, you agree that you have read this liability release and agree to all the terms and conditions herein.

Signature: _____ Date: _____

Sunshine Bodyworks is committed to providing the utmost professional service to your complete satisfaction.