

Inner Balance Therapy

by **Prema Lindsay Smith BSN, LMT**

Name (Please print): _____

Birthdate: _____

Address: _____

Telephone number: _____

Email: _____

Preferred method & best time of communication: _____

In case of emergency, your contact person:

Relationship: _____

Telephone number: _____

Reason for visit: _____

Please note current and previous injuries:

Please note history of surgeries:

Do you have any history of chronic pain?

For what time period of time ?

List medications or supplements significant to receiving massage therapy:

Are there any significant changes in your health status that your massage therapist should know? _____

What type and frequency of exercise do you do?

What is your occupation?

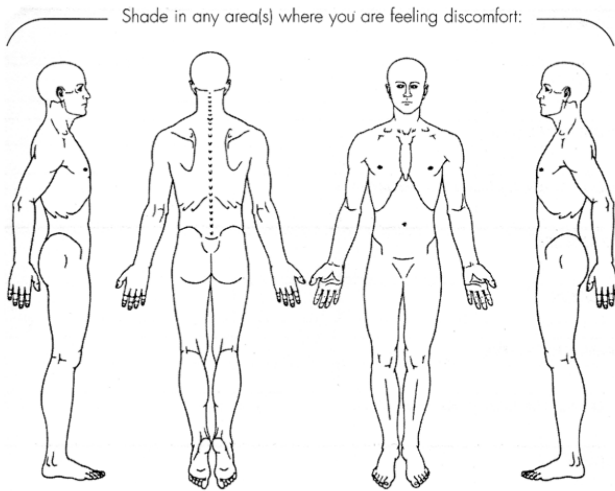
Have you ever had a professional massage before?

Yes _____ No _____

Are you right or left dominant?

Left _____ Right _____

Please mark local pain with an "X"



Do you have any allergies or aversions to the following?

Oils: Yes _____ No _____ Lotion: Yes _____ No _____ Scents: Yes _____ No _____

Your confidentiality is upheld and will not be discussed with anyone unless permission is granted.

If you need to reschedule or cancel, please give a 48-hour advance notice during business days, Monday through Friday. Cancellations with less than a 24-hour notice will be charged a fee equal to 100% of the scheduled session charge; cancellations with less than a 48-hour notice will be charged 50% of the scheduled session charge. Thank you for your cooperation and understanding. Please provide your signature and date below acknowledging you have read the cancellation policy and agree to the terms. Please note that payment is required at the time of service.

Signed: _____

Date: _____

If you wish me to contact your health care provider, please provide pertinent information:

Name (Please print): _____

Phone number: _____

Address: _____

I, _____ give Prema Lindsay Smith, LMT permission to consult with my health care provider.

Signed: _____ on this date: _____