

# Heartstrings Therapeutic Massage and Bodywork

**Molly Robinson, CMT**

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## **Client Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you received massage before? Y \_\_ N \_\_

How did you hear about my practice?

Reason/intention for your visit today:

## **Health Information**

What is the stress level in your life?

None \_\_ Minimal \_\_ Moderate \_\_ Severe \_\_

Are you currently under a physicians care for an acute or chronic illness? Y \_\_ N \_\_

If yes please explain:

Are you currently taking any prescribed medication(s) or dietary supplement(s)? Y \_\_ N \_\_

If yes please explain:

Please list any recent injuries or surgeries within the past 5 years:

Are you sensitive or allergic to any lotions/oils? Y \_\_ N \_\_

If yes please explain:

## **Cancellation Policy**

Please be aware that I have a 24-hour cancellation policy. If you cancel within the 24-hour cancellation period, you are responsible for half of the price of the session. If you do not show up for a scheduled appointment, you are responsible for the full price of the session.

## **Late Policy**

If you are late for your session, you will receive the remaining amount of time and you will still be responsible for the full payment of the scheduled session.

I understand that if I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or techniques may be adjusted to my level of comfort. I further understand that massage is not 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 that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. Because massage 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 therapist updated as to any changes in my medical profile.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_