



Message Wellness Chart

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please help us ensure a safe and comfortable massage experience by providing the following information. Check all that apply and explain.

Health history:

- ☐ Allergies (nuts, shellfish, scents, etc): \_\_\_\_\_
☐ Arthritis: \_\_\_\_\_
☐ Blood clots: \_\_\_\_\_
☐ Blood pressure conditions: \_\_\_\_\_
☐ Chronic pain (joint, muscle, nerve): \_\_\_\_\_
☐ Diabetes: \_\_\_\_\_
☐ Fibromyalgia: \_\_\_\_\_
☐ Headaches: \_\_\_\_\_
☐ Heat sensitivity: \_\_\_\_\_
☐ Heart problems: \_\_\_\_\_
☐ History of strokes: \_\_\_\_\_
☐ Infections: \_\_\_\_\_
☐ Injuries: \_\_\_\_\_
☐ Insomnia: \_\_\_\_\_
☐ Immune system deficiencies: \_\_\_\_\_
☐ Lupus: \_\_\_\_\_
☐ Medications: \_\_\_\_\_
☐ Pain, numbness, tingling: \_\_\_\_\_
☐ Skin conditions (bruising, acne, rash): \_\_\_\_\_
☐ Surgeries: \_\_\_\_\_
☐ Varicose veins: \_\_\_\_\_
☐ Other: \_\_\_\_\_
☐ Pregnancy: \_\_\_\_\_

Daily activities affected by stress/pain/condition: \_\_\_\_\_

Desired massage pressure: \_\_\_ LIGHT \_\_\_ MEDIUM \_\_\_ DEEP

Are you under the age of 18? \_\_\_ YES \_\_\_ NO

If yes, written parental permission is required.

Areas of stress or pain: (0 = No pain, 10 = High Pain)

Neck \_\_\_ Back \_\_\_ Legs \_\_\_ Shoulders \_\_\_ Arms \_\_\_

Other: \_\_\_\_\_

Welcome to 22 Health Group, LLC (referred to herein as "we" or "us"). We require our therapists to adhere to a Code of Conduct intended to provide a safe, professional, and therapeutic environment for our guests. If you have any concerns about you therapist, please bring it to the attention of management immediately. Male/female genitalia and women's breasts will not be exposed or massaged at any time. Modest draping will be used during the session. If at any time during the session you feel uncomfortable, simply ask your therapist to end the session. It is your responsibility to inform us of any pre-existing conditions, limitations, or specific sensitivities and to inform your therapist if you feel any discomfort during your session. If you experience discomfort, you may ask the therapist to adjust the pressure or heat, or you may ask to end the session, depending on your level of discomfort. You understand, acknowledge, and voluntarily accept the risk associated with massage services and use of our facilities, and you hereby release us from liability for any injury or claim (including, without limitation, personal, bodily, or mental injury, property damage or economic loss), which may result from your massage(s); your failure to disclose any pre-existing condition, limitation or sensitivity; or your failure to inform your therapist of discomfort during your session. We may, in our sole discretion, refuse or discontinue massage services if we determine such services may be unsafe or cause discomfort for you. The undersigned acknowledges he/she has read and understands this disclaimer. Cancellations: All appointments must be cancelled no later than 24 hours prior to your appointment. If a cancellation is made less than 24 hours from your scheduled appointment, a \$20 cancellation fee will be applied to your account. You will no longer be able to receive massages unless the balance has been paid in full.

Signature \_\_\_\_\_ Date \_\_\_\_\_