



MESSAGE CLIENT PROFILE

NAME: (first, m.i., last) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: home ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ OCCUPATION: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? [ ] STOREFRONT [ ] RADIO: 107.5 The River, 98.7 WSIX, WAYFM, [ ] TV Bravo, CMT, USA, FOX News, MTV, Food Network, [ ] CNN [ ] GIFT CARD, [ ] WORD OF MOUTH, [ ] OTHER \_\_\_\_\_ INTERNET City Search, City Scoop, Merchant Circle, thespaofcoolsprings.com

IN CASE OF EMERGENCY, PLEASE CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HAVE YOU EVER HAD A MASSAGE? [ ] YES [ ] NO

HOW OFTEN DO YOU RECEIVE MASSAGE? \_\_\_\_\_ HOW OFTEN WOULD YOU LIKE TO? \_\_\_\_\_

WHAT KIND OF PRESSURE DO YOU PREFER? LIGHT MEDIUM FIRM (FIRM PRESSURE IS AN ADDITIONAL \$10.00)

ARE YOU SENSITIVE TO TOUCH OR PRESSURE? [ ] YES [ ] NO

DO YOU BRUISE EASLIY? [ ] YES [ ] NO

ARE YOU COMFORTABLE WITH THE THERAPIST WORKING THE GLUTEUS (BUTTOCKS) YES NO

What brought you in today? \_\_\_\_\_

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the massage therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I understand that I will be properly draped, which includes all private areas, throughout my massage. The areas in which you will be exposed are the areas of your body the massage therapist will perform massage/bodywork to. I understand that my massage therapist may use massage/bodywork on my gluteus (buttocks) area, if that is not comfortable to me, I will inform my massage therapist. I further understand that massage or 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 physical or medical ailment of which I am aware. I understand that the massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given 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, or answered all questions asked of me honestly. I agree to keep the massage therapist updated as to any changes in my medical profile on all subsequent visits and understand that there shall be no liability on the massage therapists part should I fail to do so. I further understand that any illicit or sexually suggestive remarks or advances made by me to the massage therapist shall result in immediate termination of the session and I will be completely liable for payment of the scheduled appointment. I understand that THE SPA OF COOL SPRINGS is not responsible for any personal belongings I bring in with me or leave. Further, I understand that THE SPA OF COOL SPRINGS reserves the right to refuse to administer services at their sole discretion. I have read and fully understand this form in its entirety. If at any time there are changes in the information given, or in my condition, I will notify my therapist, and update this form before receiving additional massages. Introductory offers are one time only. Member prices are for members only. 24 hour cancellation is required on all appointments or you will be charged the full amount of the appointment. Late appointments will be cut short the time. Credit cards are required to hold all appointments. Prices are subject to change without notice. Gift cards expire after a year. Promotions services cannot be substituted.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONSENT TO TREATMENT OF MINOR: by my signature below, I authorize THE SPA of COOL SPRINGS to administer massage or bodywork techniques to my minor child or dependent as they deem necessary or proper. Minors will be placed with same sex therapists.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_