



# MASSAGE THERAPY REQUEST FORM

When completed, email this form to [kanhalt@hfparks.com](mailto:kanhalt@hfparks.com)

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

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL/WORK PHONE: \_\_\_\_\_

I AM INTERESTED IN: ☐ 30-min Massage ☐ 45-min Massage ☐ Full Body Massage

☐ 60-min ☐ 90-min

FOCUS AREAS (check all that apply):

☐ Head ☐ Neck ☐ Shoulders ☐ Arms ☐ Back ☐ Gluteal Region ☐ Legs ☐ Feet

PREFERRED DAY(S): ☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat.

PREFERRED TIME(S): \_\_\_\_\_

MY LIFESTYLE: ☐ Sedentary ☐ On my feet ☐ Recreational/Active ☐ Sports/Athletic

HAVE YOU HAD A MASSAGE BEFORE: ☐ No ☐ Yes Date of last massage \_\_\_\_\_

MY MASSAGE THERAPY GOAL IS:

☐ Relaxation ☐ Pain ☐ Tension/Stress ☐ Inflammation/Muscle Spasm

☐ General Health & Wellness ☐ Fatigue/Insomnia ☐ Other: \_\_\_\_\_

MASSAGE PRESSURE PREFERENCE(S): ☐ Light ☐ Medium ☐ Firm ☐ Deep

REQUESTED MASSAGE THERAPIST: ☐ Diamond ☐ Kerie ☐ No Preference

## HEALTH HISTORY

Please answer the following, the more your therapist knows and understands about you the more comfortable your experience:

Do you have any of the following?

- |                       |                              |                             |
|-----------------------|------------------------------|-----------------------------|
| • Arthritis           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Digestive Disorders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Sciatica            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Plantar Fasciitis   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you have any of the following?

- |                       |                              |                             |
|-----------------------|------------------------------|-----------------------------|
| * Fibromyalgia        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| * High-blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| * Joint Restrictions  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| * Diabetes            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Physical restrictions or medical complications: \_\_\_\_\_

### Therapy payment procedure & agreement:

- All sessions must be paid in full prior to treatment; tips are permitted.
- Any massage/stretch therapy client must notify the therapist at least 24 hours in advance to reschedule a session or will be charged the full amount.
- All sessions are non-refundable & non-transferable.
- Please arrive 10 minutes early; regardless of the arrival time, sessions will end at the scheduled time.
- Therapist may not be available immediately. Sessions more than 8 days in advance must be booked through therapist.
- **Any inappropriate comments or gestures will immediately terminate your massage without refund.**
- **Massages cancelled with less than 24 hours' notice will be charged.**

### FOR OFFICE USE ONLY

The future client was contacted \_\_\_\_\_ and I:

- ☐ Left a message  
☐ Spoke to a family member  
☐ Spoke to potential client

Appointment at \_\_\_\_\_ on \_\_\_\_\_