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Onsite Chair Massage Health History Form

[If, after today's session, you would like to receive a table massage you will need to fill out a more detailed healthy history form.]

Name_____

Address_____

City, State, Zip_____

Email Address_____

Please indicate if you would like to receive email notifications about specials and promotions_____

Have you ever had massage before? If so, when was your last?_____

Are you currently taking any medications? If so please list_____

Are you currently under a doctor's care for any conditions?_____

Are there any medical conditions I need to be aware of?_____

I, the client, understand that the work done during this massage does not constitute medical treatment and that the massage therapist is not a physician. The session is a form of health and wellness maintenance utilizing the techniques of massage and holistic healing. I, the client, take responsibility for alerting the therapist to any conditions that might affect this work. It is recommended that I, the client, see a physician for any ailments I might have. Any suggestions made by the massage therapist are recommendations, not prescriptions. I understand and agree to the above conditions.

Please note: 24 hours is expected and appreciated in the event of a cancellation. Emergencies are accepted for the first cancellation without 24 hours notice. Otherwise, regular session fee is due.

Payment for massage is required **at time of appointment**. Cash and Credit Card are acceptable forms of payment.

All Credit Card payments will incur an additional 2.5% processing fee.

Client Signature:_____

Date:_____