



Pamper Package Packet

Date: _____

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Wireless Provider (for confirmations): _____

Do we need to be discreet with messages? **Y N**

Email Address: _____

How did you hear about us?

Family Savings Drive-By DMV Employee Referred

Facebook Fort Knox Google Client Referred Other: _____

Have you had any of the following in the last 14 days?

Facial Cosmetic Surgery Botox Injections Dermal Fillers
Light Treatments Laser Resurfacing Laser Treatments
Microdermabrasion Other: _____

Any problems with any of the listed procedures? **Y N**

If yes, please explain: _____

What topical medications or creams are you currently using? Retin A? Others?

Have you ever used Accutane? **Yes No**

Do you currently have a sun burn? **Yes No**

Do you go to the tanning salon? **Yes No**

Have you ever had a chemical peel or enzyme peel? **Yes No**

Have you ever had a laser procedure? **Yes No**

If yes, what area? _____

How long ago? _____

Female Patients Only:

Are you pregnant? **Yes No**

Breast Feeding/Nursing? **Yes No**

Massage Information

Have you ever received a massage before? **Y or N**

What kind of pressure do you prefer? **Light Medium Firm**

How do you feel today? _____

Do these symptoms interfere with your activities of daily living? **Y or N**

List the medications you currently take:

Please indicate conditions that you have or have had in the past:

Current	Past	Muscle or Joint Pain	Current	Past	Stroke and/or heart attack
Current	Past	Muscle or Joint Stiffness	Current	Past	Varicose Veins
Current	Past	Numbness or Tingling	Current	Past	Asthma
Current	Past	Swelling	Current	Past	Cancer
Current	Past	Bruise Easily	Current	Past	Neurological
Current	Past	Sensitive to Touch	Current	Past	Depression/Anxiety
Current	Past	High/Low Blood Pressure	Current	Past	Epilepsy
Current	Past	Migraines	Current	Past	Dizziness
Current	Past	Digestive Conditions	Current	Past	Arthritis
Current	Past	Osteoporosis	Current	Past	Scoliosis
Current	Past	Broken Bones	Current	Past	Allergies
Current	Past	Diabetes:	Current	Past	Endocrine/thyroid

Any other health conditions that are not listed? _____

Massage Consent

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/body work 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 mental or physical ailment of which I am aware. I understand that massage/body work 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 of my medical conditions and answered all questions honestly.

I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____

Date: _____

Parent or Guardian Signature: _____

Date: _____

NO CHECKS, NO HEALTH SAVINGS ACCOUNT, NO FLEXIBLE SPENDING ACCOUNTS

Tardiness

Appointment times for massage are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time for your appointment.

If arrival is delayed for spa services, we will make every effort to accommodate your appointment, but this is not always possible. Service time may be abbreviated to avoid delays for other guests as treatments are charged at the full value.

Sickness

Massage/Bodywork is not appropriate care for infectious or contagious illness. Please cancel or reschedule your appointment as soon as you are aware of an illness.

Cancellation Policy

BodyRx Louisville enforces a 24-hour cancellation policy for ALL appointments. In order to reschedule your appointment, you must notify BodyRx at (502)882-8680/ (502) 974-3447 24 hours before your scheduled appointment time to avoid being charged a \$35 cancellation/no show fee. If you fail to show up to the scheduled appointment or cancel within 24 hours, we are hereby authorized to initiate entries to the debit/credit card account that is on file. If you do not have a card saved on file, please understand that you will receive a bill and that the fee must be paid prior to scheduling another appointment.

Signature

Date