



Your time commitment begins at the time you reserve your appointment.

Please consider your appointment schedule carefully. Please do not commit to a time that you feel may be questionable. There are times when cancellation is necessary. Please give 24 hours notice for cancellations and/or rescheduling (medical emergencies excluded) to avoid being billed.

At one time or another, you may be running late. This may sometimes be due to circumstances beyond your control. However, if this happens, your session will end at the appointed time. It would be unfair to the client who has the appointment time following yours and to those throughout the day for your appointment to be extended.

I understand that Total Freedom Wellness Spa does not diagnose illness or disease, nor prescribe medical treatment or spinal manipulations. I further understand that Total Freedom Wellness Spa is not a substitute for medical attention or examination. I take full responsibility for alerting Total Freedom Wellness Spa to any physical, mental, or emotional changes that occur with my health.

I 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.

I have read, understand, and agree to the above policy.

Print: _____

Sign: _____

Date: _____

CONFIDENTIAL CLIENT INFORMATION & HEALTH HISTORY

Date: _____

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

E-Mail: _____ Date of Birth: _____

Occupation: _____ Is this your first professional massage? _____

What types of massage/bodywork have you had? _____

Describe any surgeries, hospitalizations, accidents or injuries you have had in the last 3 years

What kind of care did you receive for your accidents or injuries? _____

Do you have any chronic or ongoing pain that you deal with on a regular basis? _____

Describe what activities cause this pain and/or make it worse. _____

Please list any medication (vitamins, herbs, or pharmaceutical) taken now or at regular intervals

(include condition of what medication is used to treat) _____

Are there any other concerns you wish to discuss today? _____

Signature: _____

Date: _____

Health History

Please check any of the following conditions below that currently affect you, or that you have experienced in the last 5 years.

<p>MUSCULOSKELETAL</p> <p><input type="checkbox"/> Fibromyalgia</p> <p><input type="checkbox"/> Spasms/Cramps</p> <p><input type="checkbox"/> Osteoporosis</p> <p><input type="checkbox"/> Postural Deviations</p> <p><input type="checkbox"/> Gout in _____</p> <p><input type="checkbox"/> Arthritis</p> <p><input type="checkbox"/> Bursitis</p> <p><input type="checkbox"/> Carpal Tunnel Syndrome</p> <p><input type="checkbox"/> Sciatica</p> <p><input type="checkbox"/> Thoracic Outlet Syndrome</p> <p><input type="checkbox"/> Plantar Fasciitis</p> <p><input type="checkbox"/> Cysts/Lymphomas</p> <p><input type="checkbox"/> TMJ</p> <p><input type="checkbox"/> Chronic Headaches</p> <p><input type="checkbox"/> Tendonitis</p> <p><input type="checkbox"/> Whiplash Syndrome</p> <p><input type="checkbox"/> Chronic Neck pain</p> <p style="padding-left: 20px;"><input type="checkbox"/> Neck</p> <p style="padding-left: 20px;"><input type="checkbox"/> Low Back</p> <p style="padding-left: 20px;"><input type="checkbox"/> Mid Back</p> <p style="padding-left: 20px;"><input type="checkbox"/> Upper Back</p> <p style="padding-left: 20px;"><input type="checkbox"/> Hip</p> <p style="padding-left: 20px;"><input type="checkbox"/> Arm</p> <p style="padding-left: 20px;"><input type="checkbox"/> Leg</p> <p style="padding-left: 20px;"><input type="checkbox"/> Shoulder</p> <p style="padding-left: 20px;"><input type="checkbox"/> Wrist/Hand</p> <p style="padding-left: 20px;"><input type="checkbox"/> On computer more than 2 hours a day</p> <p>RESPIRATORY</p> <p><input type="checkbox"/> Pneumonia</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Breathing Problems</p> <p><input type="checkbox"/> Sinusitis</p> <p><input type="checkbox"/> Other: _____</p> <p>DIGESTIVE</p> <p><input type="checkbox"/> Ulcers</p> <p><input type="checkbox"/> Colitis</p> <p><input type="checkbox"/> IBS</p> <p><input type="checkbox"/> Croon's Disease</p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Gallstones</p> <p><input type="checkbox"/> Gas/ Bloating</p> <p><input type="checkbox"/> Chronic Indigestion</p>	<p>CIRCULATORY</p> <p><input type="checkbox"/> Heart Palpitations</p> <p><input type="checkbox"/> Heart Condition</p> <p><input type="checkbox"/> Mitral Valve Prolapsed</p> <p><input type="checkbox"/> Anemia</p> <p><input type="checkbox"/> Hemophilia</p> <p><input type="checkbox"/> High Blood Pressure</p> <p><input type="checkbox"/> Low Blood Pressure</p> <p><input type="checkbox"/> Peripheral Artery Disease</p> <p><input type="checkbox"/> Reynaud's Disease</p> <p><input type="checkbox"/> Varicose Veins</p> <p><input type="checkbox"/> Blood Clots / Phlebitis</p> <p>SKIN</p> <p><input type="checkbox"/> Fungal Infections</p> <p><input type="checkbox"/> Athlete's Foot</p> <p><input type="checkbox"/> Rashes</p> <p><input type="checkbox"/> Eczema/Dermatitis</p> <p><input type="checkbox"/> Psoriasis</p> <p><input type="checkbox"/> Easily Irritated Skin</p> <p><input type="checkbox"/> Other: _____</p> <p>Nervous System</p> <p><input type="checkbox"/> Dizziness</p> <p><input type="checkbox"/> ALS</p> <p><input type="checkbox"/> Multiple Sclerosis</p> <p><input type="checkbox"/> Parkinson's Disease</p> <p><input type="checkbox"/> Bell's Palsy</p> <p><input type="checkbox"/> Neuritis</p> <p><input type="checkbox"/> Spinal Cord Injury</p> <p><input type="checkbox"/> Seizure Disorders</p> <p><input type="checkbox"/> Numbness/Tingling/Twitching</p> <p><input type="checkbox"/> Other: _____</p> <p>OTHER</p> <p><input type="checkbox"/> Hypothyroidism</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Pregnancy</p> <p><input type="checkbox"/> Cancer _____</p> <p><input type="checkbox"/> Kidney Disease</p> <p><input type="checkbox"/> HIV/AIDS</p> <p><input type="checkbox"/> Lupus</p> <p><input type="checkbox"/> Cystitis</p> <p><input type="checkbox"/> Chronic Fatigue</p> <p><input type="checkbox"/> Edema</p>	<p><input type="checkbox"/> Bladder Infections</p> <p><input type="checkbox"/> High Stress</p> <p><input type="checkbox"/> Grieving</p> <p><input type="checkbox"/> Anxiety/Panic Attacks</p> <p><input type="checkbox"/> Bipolar Syndrome</p> <p><input type="checkbox"/> PMS/Menopause Difficulties</p> <p><input type="checkbox"/> Poor Sleep/Insomnia</p> <p><input type="checkbox"/> Allergies Affecting</p> <p style="padding-left: 20px;"><input type="checkbox"/> Facial Skin</p> <p style="padding-left: 20px;"><input type="checkbox"/> Body Skin</p> <p style="padding-left: 20px;"><input type="checkbox"/> Nose/Sinuses</p> <p style="padding-left: 20px;"><input type="checkbox"/> Stomach/Gut</p> <p style="padding-left: 20px;"><input type="checkbox"/> Eyes</p> <p><input type="checkbox"/> Postoperative: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>NOTE: If at any time you feel discomfort please tell me. The pressure can always be adjusted for your comfort. This is your massage session, and I won't know unless you tell me. I understand that massage and bodywork should not be constructed as a substitute for medical examination, diagnosis, or treatment. Because massage or bodywork should not be performed under certain circumstances.</p> <p>I affirm I have stated all my known medical conditions. I agree to keep the therapist updated if changes occur in my medial profile.</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p> <p>CONSENT TO TREATMENT OF MINOR: I authorize my massage to be performed on my above named child.</p> <p>_____</p> <p>Signature of Parent/Guardian</p>
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Confidential Client Information

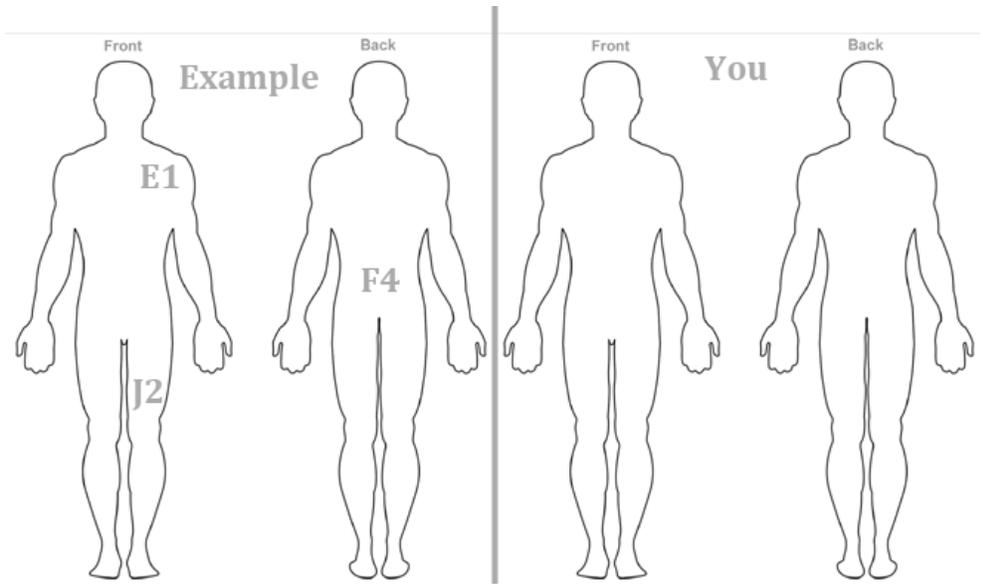
Do you have any of the following today?

Cold or Flu	Headache
Fever	Open Wounds
Infection	Sores
Skin Rash	Cuts
Poison Ivy	Severe Pain
Sunburn	Other:
Burns/Bruises	

Type of Pain

A: Sharp	B: Tingling	C: Throbbing	D: Numbness
E: Aching	F: Shooting	G: Dull	H: Burning
I: Cramping	J: Stiffness	K: Swelling	L: _____

Please mark your area(s) of pain with the letters (A,B,C,etc.) associated with the type of pain you checked above. Indicate the degree of pain by using a scale from 1(a little discomfort) to 10 (extreme pain) as seen in the example below.



Signature: _____

Date: _____

WHOLE BODY VIBRATION:

Do you have any of the following conditions?

Acute Thrombosis	Head Injuries, Know Cardioverter Defibrillator
Artificial Joints (recent)	Poor Samato Sensory Receptor on Feet Plantar Surfaces
Pregnancy	Retinal Detachment, Known Retinal Conditions
Pulmonary Embolism	Recent Wounds from an Operation or Surgery
Severe Migraines	Recently Placed IUD's Metal Pins or Plates
Type 1 Diabetes	Acute homia Discoathy or Spondylosis
Tumors (cancerous)	Serious Cardiovascular Disease
Epilepsy	Weight over 300 lbs

If you answered YES to any of the conditions above, DO NOT use the Whole Body Vibration Machine

INFRARED SAUNA

If any of the items listed apply to you, be sure to consult your physician before using the sauna. In ALL situations, hydration is a REQUIREMENT for sauna use. Drinking water or advanced electrolyte replacement water is recommended before AND after use of the sauna.

In the rare event you experience pain and/or discomfort, immediately discontinue sauna use.

Saunas & Medication – Individuals who are using prescription drugs should seek the advice of their personal physician or a pharmacist for the possible changes in the drug's effects when the body is exposed to Far Infrared waves or elevated body temperature. Diuretics, barbiturates and beta-blockers may impair the body's natural heat loss mechanism. Some of the over-the-counter drugs, such as antihistamines may also cause the body to be more prone to heat stroke.

Saunas & Children – The core body temperature of children rises much faster than adults. This occurs due to a higher metabolic rate per body mass, limited circulatory adaptation to increased cardiac demands and the inability to regulate body temperature by sweating. Consult with the child's Pediatrician before using the sauna.

Saunas & the Elderly – The ability to maintain core body temperature decreases with age. This is primarily due to circulatory conditions and decreased sweat gland function. The body must be able to activate its natural cooling processes in order to maintain core body temperatures.

Saunas & Cardiovascular Conditions – Individuals with cardiovascular conditions or problems (hypertension/hypotension), congestive heart failure, impaired coronary circulation or those who are taking medications which might affect blood pressure, should exercise extreme caution when exposed to prolonged heat. Heat stress increases cardiac output, blood flow, in an effort to transfer internal body heat to the outside environment via the skin (perspiration) and respiratory system. This takes place primarily due to major system changes in the heart rate, which has the potential to increase by 30 beats per minute for each degree increase in the core body temperature.

Saunas & Alcohol – Contrary to popular belief, it is not advisable to “sweat out” a hangover. Alcohol intoxication decreases a person’s judgment; therefore, they may not realize it when the body has a negative reaction to high heat. Alcohol also increases the heart rate, which may be further increased by heat stress.

Saunas & Chronic Conditions – Multiple Sclerosis, Central Nervous System Tumors, and Diabetes with Neuropathy are conditions that are associated with impaired sweating. Do not use the sauna if you have a reduced ability to sweat.

Saunas & Hemophiliacs – The use of Infrared Saunas should be avoided by anyone who is predisposed to bleeding.

Saunas & Fever – An individual who has a fever should not use the sauna.

Saunas & Insensitivity to Heat – An individual who has insensitivity to heat should not use the sauna.

Saunas & Pregnancy – Pregnant women should consult a physician before using the sauna because fetal damage can occur with certain elevated body temperatures.

Saunas & Menstruation – Heating of the lower back of some women during menstruation may temporarily increase their menstrual flow. Some women choose to endure this process in order to gain the pain relieve commonly associated with their cycle; whereas, others choose to avoid saunas during their cycle.

Saunas & Joint Injury – If you have a recent (acute) joint injury, it should NOT be heated for the first 48 hours after an injury or until the hot and swollen symptoms subside. If you have a joint or joints that are chronically hot or swollen, these joints may respond poorly to vigorous heating of any kind. Vigorous heading is strictly contra-indicated in cases of enclosed infections be they dental, in joints or any other tissue.

Saunas & Implants – Metal pins, rods, artificial joints, or any other surgical implants generally reflect Far Infrared Waves and thus are not heated by this system. Nevertheless, you should consult your surgeon prior to using the Infrared Sauna. Certainly, the usage of an Infrared Sauna must be discontinued if you experience pain near any such implants. Silicone does absorb Far Infrared energy. Implanted silicone or silicone prostheses for nose or ear replacement may be warmed by the Far Infrared waves. Since silicone melts at over 200° C (393°F), it should not be adversely affected by the usage of Infrared Saunas. It is still advised that you check with your surgeon and possibly with a representative from the implant manufacture to be certain.

Saunas & Pacemakers/Defibrillators – The magnets used to assemble our saunas can interrupt the pacing and inhibit the output of pacemakers. Please discuss with your doctor the possible risks this may cause.

I have read and understand the above warnings. I agree to notify Total Freedom Wellness Spa if I become unable to use the sauna.

Print: _____ Sign: _____ Date: _____