

# The Royal Treatment Cottage

**For your convenience, please print and complete this form, and bring it with you to your appointment.**

Client Name: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birthdate: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Have you ever received a professional massage before? Yes \_\_\_\_ No \_\_\_\_

If yes how long since last massage? \_\_\_\_\_

What kind of pressure do you prefer? Light \_\_\_\_ Medium \_\_\_\_ Firm \_\_\_\_ ( Not Therapeutic )

In which part of your body do you experience stress or discomfort? \_\_\_\_\_

Are you sensitive to touch in any areas? Yes \_\_\_\_ No \_\_\_\_

If so where? \_\_\_\_\_

Are you pregnant? Yes \_\_\_\_ No \_\_\_\_ If yes, how many weeks \_\_\_\_\_

What is your goal for today's session? Pain Relief \_\_\_\_ Relaxation \_\_\_\_ De-stress \_\_\_\_

I understand that this information will be treated confidentially.

I will make the therapist aware of any condition that may prevent me from using massage services.

I understand that the massage I receive is provided for the relief of muscular tension and soreness.

If I experience any pain or discomfort during this session, I will immediately inform the therapist.

I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist for any physical or mental ailment of which I am aware.

I understand that the services contain risks including mild discomfort or a sensitivity/allergy to massage oils.

I understand the risks involved in participating in this session including the risk of potential injury.

Should you have any questions please ask your therapist prior to the start of your massage.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_