



“Everyone is a Miracle Waiting to Happen”

929 Fee Fee Road, Suite 100
Maryland Heights, MO 63043
314-205-0064

Hands-On Therapies

What is Your Therapy Style?

We like to tailor each and every session to our clients' desires. Our clients' tastes vary and we want to make sure that during each and every visit all aspects of your session are perfect. Your therapy environment plays an important role in your results. We will keep your preferences on file for future reference. Please let us know if your preferences change.

Check all that apply:

- Music:**
- Play music during my session.
 - No music, please.
- Temperature:**
- Table warmer on.
 - Table warmer off.
- Massage Table:**
- Sheets only.
 - I would like a blanket and sheets.
- Discussion:**
- I enjoy talking during my session.
 - Light discussion only.
 - No talking unless necessary, please.

Massage Only:

- Massage Therapy:**
- Full Body
 - Focused work for corrective purposes

Areas of body you ***NEVER*** want massaged, if any:

Please let us know if you have any other requests.

MOST OF ALL, ENJOY YOUR THERAPY SESSION!!!



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Confidential Client Information History

Last Name _____ First _____ Birth Date _____

Street _____

City _____ State _____ Zip _____

Phones: Home _____ Cell _____ Email _____

Send me Promotions via Text Email Appointment Reminders via Text Email

Place of business/type of work _____

Today's Visit

How did you hear about Hands-On Therapies? _____

What type of therapy are you here for? _____ Purpose _____

Have you ever received this type of therapy before? Yes No Frequency _____

Health Status

Please list any medications, vitamins, or supplements you are taking and for what condition _____

Are you pregnant? Yes No Any known allergies _____

Are you currently under a doctor's care? Yes No

If yes, please explain _____

Please list below any current or previous health/medical conditions, injuries or problem areas:

I affirm that I have stated all my known medical conditions and injuries. I understand that the treatment I receive is provided for the basic purpose of relief of body pain and tension, stress reduction and relaxation. It is not intended to replace medical treatment nor will the therapist offer medical diagnosis. If I experience any pain or discomfort during a session, I will inform the therapist so the pressure and technique may be adjusted to my level of comfort.

Signature _____ Date _____



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Cancelled and Missed Massage Appointments

Please understand that your time commitment begins at the moment you reserve a massage. In order to make it fair for everyone, please consider your schedule carefully and don't commit to a time that you feel may be questionable. There may be times when a cancellation is, of course, necessary; please provide 24- hour advance notice when possible. There will be a charge of \$40.00 for missed or cancelled appointments (medical emergencies excluded) without 24-hour notice.

I have read and understand the above policy.

Signature: _____ Date: _____

Social Media Access

By Checking the social media below, I authorize Hands-On Therapies to add me as a "friend"/"Follower" in order to receive specials and updates about the company

Facebook

Twitter(@_____)

Signature: _____ Date: _____