Consultation Form

Name:_____ Gender: ❑ Male ❑ Female Date: _____

Address: _____ City / State: _____ Zip: _____

Phone: _____ Email: _____

DOB: _____ How did you hear about Soothing Sole? _____

History Please complete this section

Are you currently, or within the last year, under a physician's care? ❑ Yes ❑ No If yes, specify below: _____

_____

Have you had any of these health conditions in the past or present?

❑ Taking a Blood Thinner ❑ Heart Problem

❑ High Blood Pressure ❑ Cancer / Skin Cancer ❑ Hormone Imbalance ❑ Diabetes ❑ Blood Clots

❑ Epilepsy ❑ Nail Fungus ❑ Thyroid ❑ Varicose Veins ❑ Asthma

List any medications that you take regularly: _____

List any allergies:_____

Do you have any **METAL** implants in your body? ❑ Yes ❑ No Where? _____

Is there ANYTHING else your massage therapist should know that may affect your treatment today? Please explain:

_____

_____

Female Guests Only

Is there a chance you could be pregnant? ❑ Yes ❑ No If yes, Due Date? _____ Are you nursing? ❑ Yes ❑ No

We have the following Enhancements available to add into your 90 or 120 minute massages for an additional $15:

❑ Foot Masque ❑ Healing Hands ❑ Warm Herbal Poultice ❑ Dry Body Brushing ❑ Hot Stone

Acknowledgement

By signing this form, I give consent to receive treatment in the form of massage and bodywork therapy. I confirm, to the best of my knowledge, that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment(s). I assume full responsibility for my treatment(s). I also consent to follow the established cancelation policy. If I must cancel my appointment, I will provide a 24 hour minimum notice. With less than 24 hour notice, I will be responsible for the full balance of the treatment as if I received it. If my appointment was a gift certificate, a special or monthly membership session, and I canceled with less than 24 hours notice or I did not show for the appointment, I will not be able to reschedule the appointment and it will be considered used.

Guest Signature: _____ Date: _____