**Xu Wellness Center**

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[www.XuWellnessCenter.com](http://www.XuWellnessCenter.com)

**Massage & Reflexology Form**

|  |  |
| --- | --- |
| Name | Date |
| Street Address | Sex |
| City State Zip | Date of Birth |
| Mobile Phone & Provider | Marital Status | Height | Weight |
| Work Phone | Maiden/ Former Name |
| Home Phone | Under Physician’s Care? What For? |
| Email | Primary Physician |
| Occupation | Employer |
| Emergency Contact & Relationship | Emergency Contact Phone |
| Referred by | Other Family Members Seen Here |

**Medical History**

Please check all that apply.

|  |  |  |
| --- | --- | --- |
| * Psoriasis
 | * Pregnant? Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Vision Problems/ Wear Glasses
 |
| * Hives/ Shingles
 | * Athlete’s Foot/ Fungal Infections
 | * Loss of Balance/ Vertigo
 |
| * Lymphatic Disorder
 | * Ulcerations/ Open Wounds
 | * Sinus Problems
 |
| * Rashes/ Itching
 | * Painful Scars/ Wounds
 | * Arthritis/ Tendonitis
 |
| * Any Allergies: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * TMJ/ Jaw Pain
 | * Loss of Strength/ Feeling or Paralysis
 |
| * HIV/ AIDS
 | * Shoulder Pain
 | * Artificial Joints
 |
| * Neck Pain/ Stiffness
 | * Back Pain
 | * Tremors
 |
| * Head Pain/ Headaches
 | * Implanted Metal Pins or Rods
 | * High/ Low Blood Pressure
 |
| * Difficulty Breathing while Lying Down
 | * Diabetes, type:
 | * Hip Pain/ Sciatica
 |
| * Bursitis
 | * Carpal Tunnel
 | * Muscle Pain
 |
| * Tennis Elbow
 | * Bone Problems/ Osteoporosis
 | * Ever had an Allergic Reaction
 |
| * Whiplash
 | * Muscle Weakness
 | * Stroke
 |
| * Swollen/ Painful Joints
 | * Muscle Spasms/ Cramps
 | * Torticollis/ Wry Neck
 |
| * Seizures
 | * Contact Allergies
 | * Numbness/ Tingling
 |
| * Diseases/ Disorders of the Spine/ Disks
 | * Heart/ Circulation Problems
 | * Degenerative Disease: \_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Chronic Pain
 | * Fractures, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Pain Down Legs/ Leg Cramps
 |
| * Silicon/ Saline Implants
 | * Bleed/ Bruise Easily
 | * Fibromyalgia/ Chronic Fatigue
 |
| * Recent Injury or Illness
 | * Cancer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Surgery in the Last 3 Months: \_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Sprains/ Strains
 | * Fever within the last 48 Hours
 | * Mobility Issues
 |
| * Other Health Problems/ Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

 **Medication List**

Please list all prescription and non-prescription medication, along with any vitamins, herbs, supplements that you are currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Massage Questions**

1. When was your last massage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your primary reason for booking this massage today? Stress Reduction/ Relaxation/ Pain Relief/ Muscle Tension? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you suffer from chronic stress or pain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you an athlete or live an active lifestyle? \_\_\_\_\_\_\_\_\_\_\_\_ Do you have any conditions or issues pertaining to your active lifestyle? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you have any work related muscle pain or soreness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Is there any area that you would not like to be massaged today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Is there any area that is especially sore or tight and needs extra attention? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Please place an X on your problematic areas or areas that need extra attention.

**Informed Consent**

 I understand that I am financially responsible to Xu Wellness Center for payment at time service is rendered. I am aware that checks are not accepted, and that I must pay with credit/ debit card or cash. I authorize Xu Wellness Center to contact me at the above contact information.

 I understand that I must cancel or reschedule my appointments with at least a 24-hour notice, or I will be charged the full service price (not the sale or discounted price). This includes no shows. If I have a package then any appointment canceled within 24-hours or any appointment not shown up for will be counted as a used session and will be forfeited. I agree to the before mentioned charge being applied to my credit card that is stored on file. All purchased packages must be used within one year of the original purchase date.

 Massage Therapy and Reflexology are considered safe, and it is my responsibility to inform Xu Wellness Center if any changes in my health occur. I am responsible for informing Xu Wellness Center of any and all health conditions, diseases or disorders from which I suffer. Serious health conditions or injuries will be referred to the appropriate physician, clinic or hospital.

 The above health information is true to the best of my knowledge. I understand that Massage Therapy and Reflexology are not substitutes for medical treatment, and I still need to continue any medical treatment that I am receiving through my physician. I understand that the primary purpose of the Massage/Reflexology treatment that I will receive is for relaxation and muscular tension relief.

 I understand that I have the right to refuse treatment at any time, and I have the right to end my treatments at any time. I also understand that I have a right to ask whatever questions I have before, during, or after my treatments. I understand that Xu Wellness Center is not to be held responsible for any unexpected complications that may occur, and I understand that results are not guaranteed.

 **I understand that inappropriate behavior of a sexual or violent nature towards my therapist will not be tolerated!!! If I initiate any inappropriate behavior, my therapist will immediately end the session, and I will be responsible for the full price of service. If my behavior warrants police involvement, I am aware that they WILL BE CALLED!!!**

 **I understand the treatment or treatments that I am about to receive. I have read this consent form, and I completely understand what I am signing. I consent to be treated at Xu Wellness Center, and I agree to abide with all terms and conditions before mentioned.**

**Client Signature** **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18/ Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_