Xu Wellness Center
235 Germantown Bend Cove
Cordova, TN 38018
Phone: (901) 737-8282
Fax: (901) 737-8239
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? _____

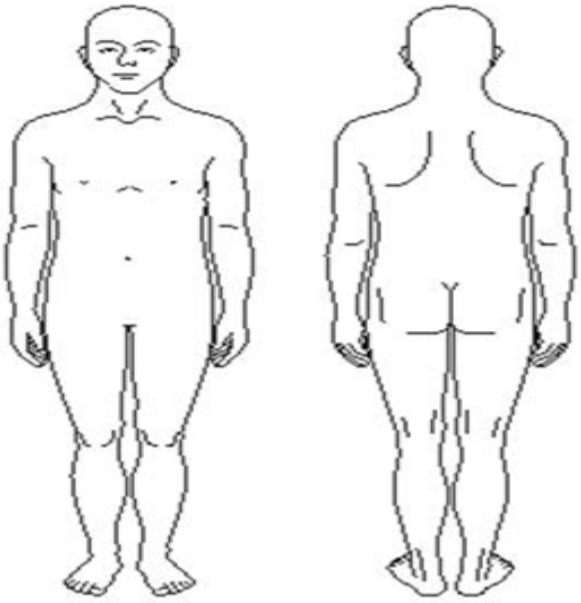
   _____
5. Do you have any work related muscle pain or soreness? _____

   _____
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___ _____