

Jessica Gray, L.M.P.
Kirkland, WA 98033
(425) 577-4269

Health History

Name: _____ Date of Birth: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Work or Mobile Phone: _____ Email: _____

Who can we thank for your visit today? _____

Doctor Friend/Relative Yellow Pages Internet Other

Would you like to receive announcements of new services and promotions from our clinic? Yes/ No

Emergency Contact: _____ Phone: _____

Have you received massage therapy before? Yes/ No What types? _____

If yes, how often: Weekly Monthly Quarterly Other

Medical

Please list any medications you are currently taking: _____

Accidents, Injuries, or Surgeries in the past three years: _____

If you are currently experiencing any of the following, please indicate:

Arthritis Diabetes High/Low BP Pregnancy: Due Date _____

Athletes Foot Seizures Fibromyalgia Chemotherapy: Date _____

Stroke Blood Clot HIV/ AIDS Cortisone Injection: Date _____

Back Pain Cold/ Flu Inflammation Skin Disorders/ Eczema

Bursitis Headaches Lupus Tendonitis

Cancer Heart Ailments Numbness Whiplash

OTHER _____

I acknowledge that massage therapy is not a substitute for medical examination or diagnosis, and does not take the place of a physician's care when indicated. As massage therapy can be contraindicated with certain medical conditions, I affirm that I have stated all my known medical conditions, and will inform my practitioner of any changes in my health status. I understand that I am personally responsible for payment for Jessica Gray L.M.P.'s services, when these services are rendered, and for missed appointments without 24-hour advance notifications. Jessica Gray reserves the right to refuse services at her discretion based upon the client's conditions, attitudes or actions, without explanation or prior notice, and I agree to this policy. Questions regarding service procedures and recommendations are encouraged and welcomed.

Signature _____ **Date** _____

(Over)

**A \$60.00 fee will be charged for missed appointments & Cancellations
with less than 24 hours notice.
Please turn cell phones and pagers off while receiving your massage.**

Jessica Gray, L.M.P.
Kirkland, WA 98033
(425) 577-4269

Cancellation & No-Show Policy Agreement

As your appointment time is reserved specifically for you, Jessica Gray has a cancellation/ no-show policy. Out of consideration for the therapists' time, we ask that you notify us 24 hours in advance should you need to cancel or reschedule your appointment. **Jessica Gray, L.M.P. will charge a \$60.00 cancellation fee for missed appointments and late cancellations without 24 hour advance notification.**

We do appreciate that unanticipated events happen occasionally; emergency cancellations are handled on an individual basis.

It remains the patient's ultimate responsibility to keep track of their appointments.

I have read and understand The Center for Total Body Awareness, L.L.C., Jessica Gray, L.M.P.'s cancellation policy. I consent to its terms.

Patient Signature: _____