



OUR CORE VALUES

Customer-Focused

We anticipate, listen and deliver with precision.

Communication

We foster good communication – it builds trust and a happy environment

Balance

Brings equilibrium to all areas of our lives

Integrity

To do what is right when no one is watching

Health

To live happily!

OUR MISSION IS:

To work with integrity

Living a balanced life and serve the needs

Of our diverse community for better

Health and relaxation



Client History: Post-op Intake Form

Name _____ Date ____/____/____

Address _____

Phone _____ Birthday ____/____/____

E-mail _____ Profession _____

In case of emergency who should I call? _____

How did you hear about me? _____

What surgery did you have? _____

Date of the surgery: ____/____/____ Surgeon: _____

Are you taking any medication I need to know about? Please list:

Please check the following conditions you are currently experiencing or have experienced:

- | | | |
|--|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Respiratory/lungs | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Cardiovascular/heart | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> High/low | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Thyroid issues | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Other (includes injuries, sore spots, major illnesses, other surgeries, etc): | | |

Are you involved in a regular exercise program? If yes, what kind and how often?

Any information I need to know about your health/condition today?



This agreement releases Just For You Bodywork & Massage and or its Affiliates from ALL liabilities related to injuries that may occur during the massage. By signing this agreement, I agree to hold Just For You Bodywork & Massage or its affiliates entirely free from liability, including financial responsibility for injuries incurred during the massage session.

Just For You Bodywork and Massage 24 Hours Cancellation Policy:

24 hours advance notice is required when canceling or rescheduling your appointment. If you are unable to give 24 hours notice you will be responsible for paying the full amount of your appointment fee.

Signature _____ **Date** _____

Please read and sign our Client/ Therapist Agreement:

I realize massage is primarily for relaxation/stress relief and a non-sexual massage, any misconduct will result in the termination of the massage with full payment due. I understand that any information offered by the therapist is for educational purposes only, and in no manner should be construed as a diagnosis of any kind. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service. If I experience any pain or discomfort, I will immediately inform the therapist so the pressure or methods can be adjusted to my comfort level. Because massage should not be performed under certain circumstances, I agree to notify the therapist in writing of any changes in the medical information I have provided today.

Signature _____ **Date** _____

COVID-19:

I understand that close contact with people increases the risk of infection from Covid-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage from this practitioner. I also understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.

Signature _____ **Date** _____