

Rejuvenate Massage Therapy
100 Cummings Center, Suite 323G
Beverly, MA 01915
978-394-4384
www.beverlyrejuvenate.com

Name _____ Phone _____ DOB _____

Address _____ City _____ State _____ Zipcode _____

Email address _____ (to receive office specials)

How did you hear about us? _____

In case of emergency: _____ Phone _____

Occupation: _____ Age: _____ M/F Doctor: _____

Do you have a history of any of the following? If yes, please explain below:

- | | | | |
|--------------------------------------|--------------------|---------------------------------------|-------------------|
| _____ Heart Disease | _____ HIV/Aids | _____ Hepatitis | _____ Seizures |
| _____ Diabetes | _____ Broken Bones | _____ Asthma | _____ Cancer |
| _____ Fusion | _____ Numbness | _____ Inflammation | _____ Allergies |
| _____ Skin Rash | _____ Severe pain | _____ Pregnancy | _____ Prosthesis |
| _____ Headaches | _____ Contacts | _____ Dentures | _____ Severe pain |
| _____ Sensitive to touch or pressure | | _____ Neck or spinal injury | |
| _____ Arthritis, Bursitis, Gout | | _____ Joint replacements, pins, wires | |
| _____ Decreased range of motion | | _____ Anything else not listed | |

Please explain any you marked "Yes" above _____

I understand that I am receiving a therapeutic massage and that any changes in my health need to be reported to the therapist. I understand that some ailments are contraindicated for massage and may require a doctors release before services can be rendered. I understand that the massage therapist does not diagnose illness and nothing said in the course of the session should be construed as such. I also understand that any inappropriate remarks, sexual innuendos or other misconduct will result in immediate termination of the session without a refund.

I understand that if I am late to my session that the session will still end at the scheduled time at full price or it can be rescheduled. Any scheduled appointment needs to be cancelled within 24 hours. If the therapist travels to your location and you are not there you will be billed a \$25 service charge. There will also be a \$37 charge for any returned checks.

I understand that the massage being provided is a complete 60 minute session which includes the consultation. Please inform the therapist immediately if you experience any pain or discomfort so that the treatment or pressure can be adjusted to your comfort level. If at any time you do not feel comfortable or if you choose to discontinue the massage, you may inform the therapist and he/she will discontinue the session immediately. I have read the above information and have stated all my previous and current known medical conditions.

Client (or parent)signature _____ Date _____

Directions to the Office The Cummings Center is located on Route 62 (Elliott Street) in Beverly, MA. This is exit 22 east off Rte. 128N. From the front of the Cummings Center, pass the guard shack and take an immediate right in front of the 100 building. Drive under the footbridge and take a left going around the building. Park by awning 120A. Enter there. Take the elevator at the bottom of the stairs to the 3rd floor. Off the elevator take a left. Go to the end of the hall and take a right. Rejuvenate Massage is on the right, Suite 323G.