



File# _____

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home: _____ Work: _____ Cell: _____

Is it ok to text you? ___yes ___no Your Carrier: (ex. Verizon, ATT, Sprint) _____

Email Address: _____

Birth date: _____ Age: _____ Sex: M F circle one: single married widowed divorced separated

Occupation: _____ Employer: _____ Full-time or Part-time

Spouses Name: _____ Occupation: _____

Whom may we thank for referring you: _____

Where did you hear about our massage service: _____

What would you like to achieve from your massage session today: _____

Any current injuries or painful areas we should know about (detail here): _____

When was your last massage? _____ Are you pregnant? Y N # Weeks: _____

Do you have any known allergies to lotions or oils? _____

Have you ever sought the services for this or any other health concern from the following:

- ___ Headaches ___ Carpal Tunnel ___ Asthma ___ Digestive Problems
- ___ Neck Pain ___ Vertigo ___ Allergies ___ Pain Between Shoulder Blades
- ___ Mid-Back Pain ___ Low-Back Pain ___ Loss of Balance ___ Tension across Top of Shoulder
- ___ Sciatic Pain ___ Dizziness ___ Menstrual Pain ___ Numbness in Arms/Legs
- ___ Leg/Hip Pain ___ Fatigue ___ Arm Pain ___ Other _____

If you could get rid of one of these concerns, which would you choose? _____

How long have you had it? _____ When it is at its worst, how does it feel? _____

Have you been adjusted by a chiropractor before? Yes /No If Yes, Date of Last Adjustment? _____

Have you ever sought the services for this or any other health concern from the following:

- ___ Massage Therapist ___ Acupuncturist ___ Naturopath ___ Yoga ___ Physical Therapist
- ___ Personal Trainer ___ Nutritionist ___ Rolfer ___ Pilates ___ Other _____

Which styles of bodywork do you receive: _____ How often: _____

Level of conversation you prefer during your massage:

___ I love to chat ___ I lead the conversation ___ I prefer silence

We do not double book appointments. Your scheduled appointment has been set aside solely for you. We require 24 hours notice for cancellations and rescheduled appointments. We reserve the right to charge a missed appointment fee equivalent to the cost of your scheduled session. You may contact us by phone and makes changes to your scheduled time. We accept cash, checks, Visa, Mastercard, American Express, and Discover. There is a \$25 fee for returned checks. By my signature below, I agree to the CoCo Bodyworks policy above and understand that this bodywork session is not intended to diagnose, prescribe or replace the treatment or advice of a licensed physician.

Signature: _____ Date: _____