



Elemental Holistic Massage LLC.

Holistic Therapy Massage & Products

443-838-8050 Elementalholistic.com

Name: _____ Date of Birth: _____

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

Phone: _____ Email: _____

Do you have any medical conditions, or have you recently had an injury or surgery that could be affected by today's massage/bodywork session? Yes No If yes, please explain:

Are you currently under a physician's supervision for this condition/injury/surgery? Yes No If yes, please explain:

Are you currently taking any medication? Yes No If yes, please list:

Current Health

Reason for initial visit: _____

Height & weight: _____

Do you exercise regularly and/or participate in any sports? Y N

If yes, what kind of exercise/sports? _____

Do you perform any repetitive movement in your work, sports or hobby? Y N

If yes, describe _____

Do you sit for long hours at a workstation, computer or driving? Y N

If yes, describe _____

Do you experience stress? Y N

If yes, describe where you feel it most _____

Are you experiencing tension, stiffness, discomfort or pain? Y N

If yes, describe & location _____

Do you have sensitive skin? Y N

Do you have any allergies to oils, lotions or ointments? Y N

If yes, please explain _____

Massage Experience

Have you had a professional massage before? Y N

Have you ever had Fire Cupping treatment before? Y N

If yes, what was your experience? _____

How long have you been receiving massage therapy? _____

Frequency of massages? _____

What are your goals for treatment? _____

Please read the following statement, then sign and date below to indicate that you have read and understand it.

Massage/bodywork should not be performed under certain medical conditions. In light of this, I affirm that I have stated all my known medical conditions and have answered all questions honestly and completely. I understand that there shall be no liability on the practitioner’s part for the aggravation of conditions that were present, but not disclosed, at the time of signing and which may be affected by the massage/bodywork session. Understanding that massage/bodywork is not a substitute medical examination, diagnosis or treatment, I give my consent to receive massage/bodywork.

If at any point during the session you are uncomfortable or are in need of special consideration, please communicate. The session will be catered to your needs and comfort level.

Any and all sexual advances, even joking, will not be tolerated and will result in terminating the session- full payment will be due regardless of length

Print name: _____ Signature: _____

Date: _____ Parent/Guardian permission (in case of a minor): _____

I agree to be contacted via Text or email for specials or session openings.

Print name: _____ Signature: _____

Rates are as follows and tips are greatly appreciated!

\$90.00 per hour

Mobile Massage additional \$20 depending on location, may be more if over 30 min drive (table, sheets, products, music, bolsters included in additional charge)

Fire Cupping additional 30min to session

Heated Bamboo, Aromatherapy, Hot towel & Hot stone therapy and spa treatments are available

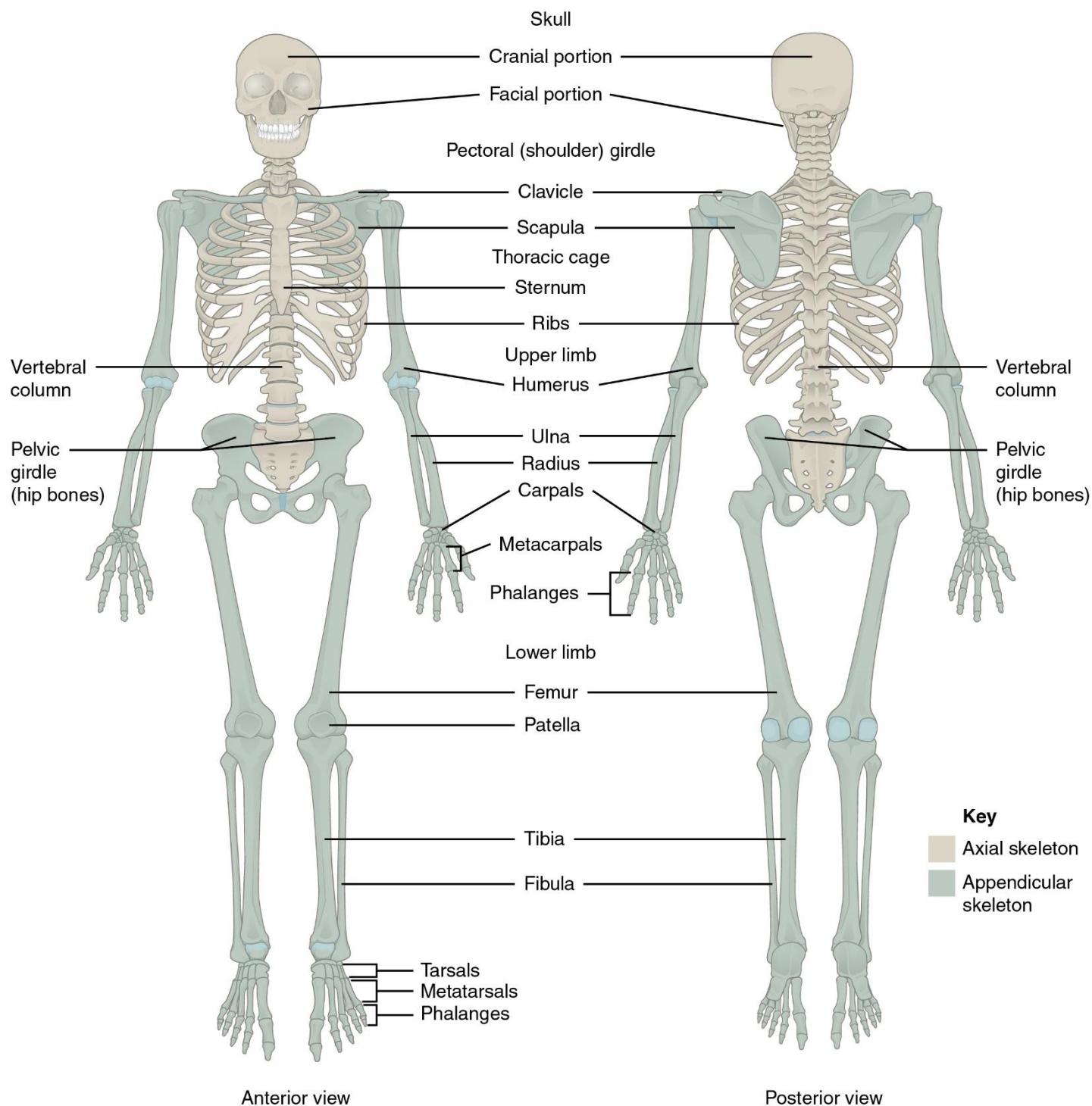
Services are available for comparable trade

Event, Wedding and corporate services available

Holistic Body Products are available, and research and development is available if you need a specially made product.

Thank you for making your health a priority and for choosing to let me assist you with your Holistic Health approach!

Please circle on the diagram where you would like focus of work to be if you are coming for a specific issue.



Please rate your pain level Today.

Date: _____

1 2 3 4 5 6 7 8 9 10

1 IT MIGHT BE AN ITCH



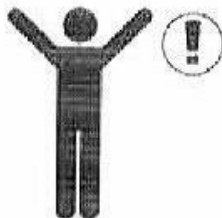
2 I JUST NEED A BAND-AID



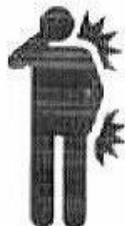
3 ITS KIND OF ANNOYING



4 THIS IS CONCERNING BUT I CAN STILL WORK



5 BEES?



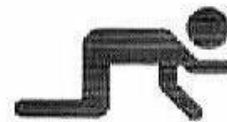
6

I CANT STOP CRYING



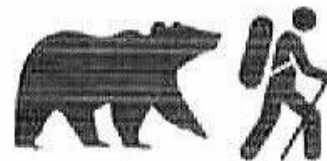
7

I CANT MOVE
IT HURTS SO BAD



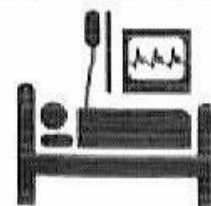
8

MAULED BY A BEAR
OR NINJAS



9

UNCONSCIOUS



10