

Welcome to Fox Den Massage

Name: _____

Preferred Pronoun. You may leave blank. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Email: _____ Occupation: _____

Who may I thank for the referral, or how did you hear about us? (friend, google, social media.)

Please check any of your preferences Relaxation Therapeutic Cupping

Have you had any serious illnesses or injuries in the recent past? Please explain:

Do you have allergies to nut oils, herbs, or anything else?

Herbal Oil Cream No preference

Primary reason for current appointment, i.e. pain relief, relaxation.

I attest that the above is true and accurate to the best of my knowledge. I understand that Massage Therapy services are a therapeutic health aid and **do not** take the place of a physician's care or services when indicated. I understand that immediate termination of this session will take place in the case of illicit sexually suggestive remarks or advances from the client, and I will be liable for the full payment of the scheduled appointment.

Client Signature _____ Date _____