

Aloha, e komo mai!

Please fill out the following information so that I may provide the best session possible

Name: _____ DOB: _____

Mobile Number: _____ Email (print clearly): _____

City: _____ State (or province or country): _____

Emergency Contact: _____ Relation: _____ Phone: _____

Business or Vacation? Where are you staying while on Big Island? Friend Family Airbnb VRBO Resort _____

How did you hear about **Nancy J Campbell, LMT**? _____

Favorite part of your trip so far (*besides your massage*) _____

Past injuries or surgeries: _____

Present conditions: _____ Wear a medical ID piece? Y N

Allergies or sensitivities: _____

The **purpose(s)** for any medications currently prescribed: _____

Have you had massage or bodywork before? Y N Preferred pressure: __ light __ medium __ firm. Ticklish? _____








Do you have any sunburn or healing body modifications that your therapist should be aware of? Y N _____

Profession: _____ Hobbies: _____

What do you wish to accomplish from today's session? _____

Additional Notes or concerns: _____

Please read the consent agreement and sign/date at the bottom. Please don't hesitate to ask for clarification.

-  **I agree to pay the agreed upon amount in this session and future sessions. I agree to pay the full value of the session price should I not show up nor call for any future appointments. Same-day cancellations may be subject to a \$40 fee.**
-  The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me.
-  I understand that massage therapy is **not** a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have.
-  I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.
-  I have informed the massage therapist of all my known physical conditions, medical conditions, and medications, and I will keep the massage therapist updated on any changes.
-  **To the best of my knowledge, I have not come in contact with any person(s) who have contracted the Covid-19 virus, "Monkey Pox," or any other infectious disease.**
-  I understand Nancy's policies and agree to abide by them. I can find them online or am entitled to a copy of policies should I request.

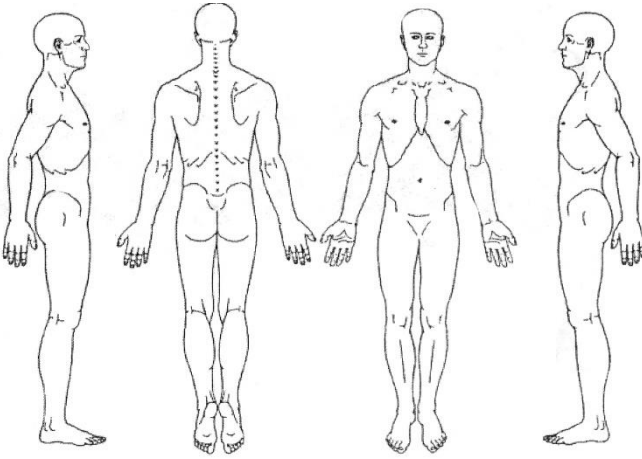
Signature: _____ date: _____

Mahalo!

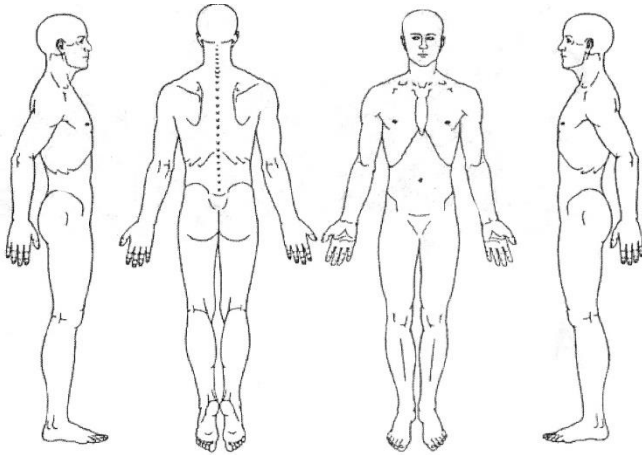
Treatment Notes

Client Name

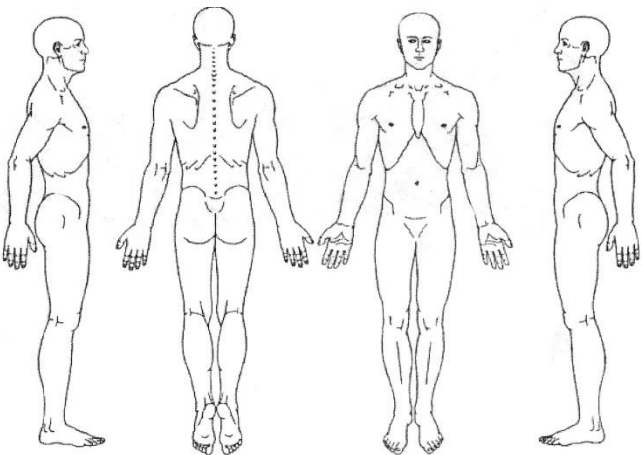
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