

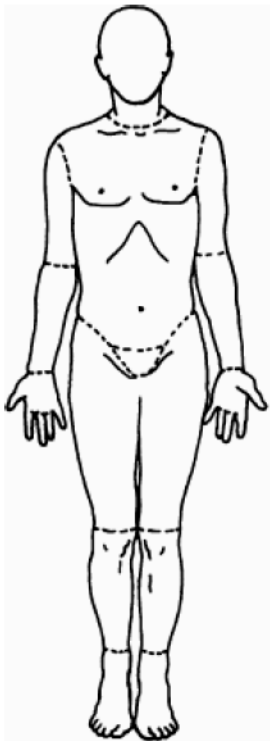
Therapist _____

Date: _____

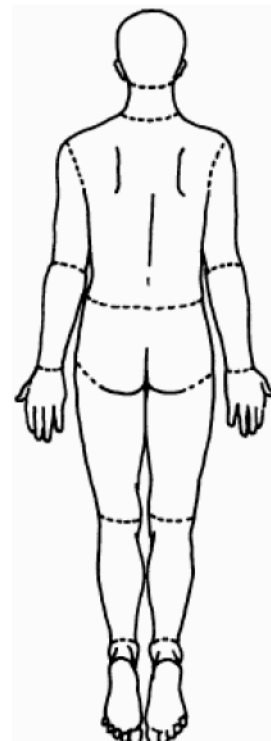
Client Intake Form

Name:		Home Phone:
Street Address:		Work Phone:
City, State Zip:		Cell Phone:
Email:		
Date of Birth:		Your Occupation:
Emergency Contact:		Phone:
Referred by: (Name of Referee, Flyer, Ad etc.):		
<i>Health / Medical History</i>		
Are you seeing a health care professional?	Comment:	
Date of last visit or checkup:		
Are you taking any prescribed medications?	Comment:	
Are you taking any supplements, herbs, over the counter medications, or known blood thinners?	Comment:	
Do you have any known allergies?	Comment:	
Do you have any prosthetics? (Contacts, hearing aids etc.)	Comment:	
New Conditions (Are you experiencing, or do you have any of the following): Circle all that apply		
Cold / Flu	Burns / Sunburn	Headaches
Fever	Numbness / Tingling	Arthritis / Tendonitis
Infections	Skin Conditions / Warts	Cuts / Bruises
Contagious Conditions	Digestive Disorders	Depression / Anxiety
Possible Pregnancy	New Tattoos / Piercings	Muscular / Skeletal Disorders
Sprains / Strains	Injection Sites	Scars
Have you ever been diagnosed with, or been advised to seek treatment for: Circle all that apply		
High / Low Blood Pressure	Varicose Veins	Osteoporosis
Stroke	Bruising Easily	Disc Disorders
Diabetes / Low Blood Sugar	Lymphatic Conditions	Nerve Disorders
Heart Disease	Kidney / Bladder Conditions	Seizure Disorders
Aneurysm	Cancer	Chronic Respiratory Conditions
Phlebitis / Blood Clots	Liver / Gall Bladder Conditions	Asthma
Anemias / Blood Disorders	Reproductive System Conditions	Chronic Sinus Conditions
Any other conditions not mentioned above?		
Do you typically like a quiet or conversational massage session?		

Have you ever had any:	
Hospitalizations and/or Surgeries	
Accidents and/or Injuries	
Broken and/or Dislocated Bones	
If Yes, Please Explain (Include Dates):	
<i>Massage History</i>	
Have you received therapeutic massage before? If Yes, date of last massage:	
Frequency:	
Likes and/or Dislikes:	
Why did you choose Massage Therapy?	
What do you think is the general condition of your health?	
What hobbies, activities or recreation do you participate in?	
On the following image, please mark any areas that may be of relevance to this massage session.	



Sharp and Stabbing = ++++
 Dull and Achy = VVVV
 Pins and Needles = XXXX
 Numbness = ///



Please read and sign:

Massage is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. Massage services are designed to be a health aid and in no way are meant to take the place of a physician's care. Information exchanged during a massage session is educational in nature and is intended to help me become best football predictions more familiar and conscious of my own health status and is to be used at my own discretion.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly and I understand that it is my responsibility to keep the massage therapist updated as to any changes in my medical profile.

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session with full charge for that session.

Payment is due when services are rendered unless other arrangements have been made prior to my appointment (Gift Certificates, Paid in full memberships & autopay).

Signature: _____ Date: _____

Cancellation Policy

Life happens: If you need to miss your hour of BlissBlissBliss, please call or e-mail us (304-413-0270, staff@theblissblissbliss.com) as soon as you know that you will miss your scheduled appointment. Your consideration allows us to manage our schedules.

We encourage a 24 hour notice if you cannot keep an appointment.

\$0 is charged if you call to cancel 24 hours in advance of your appointment.

The price of the full scheduled visit will be charged if you do not call and do not show up for your appointment.

Signature: _____ Date: _____

Membership AutoPay Agreement

Between: _____ and BlissBlissBliss for:
(Client Name)

- Twelve (12) 1 hour treatments- \$49.00 per visit
- Six (6) 1 hour treatments - \$55 per visit

Contract Start Date: _____ Contract End Date: _____

Contract Duration and Automatic Renewal: Contract is in force for _____ months from the Contract Start Date, with automatic renewal for subsequent months, unless cancelled by either _____ or BlissBlissBliss, with (Client Name) notification of 30 days in advance of the next billing date.

Agreement to Pay Recurring Fees: _____ agrees to pay BlissBlissBliss recurring fees as follows:

Annual Membership fee of \$10.00. This annual fee will automatically occur every 12 months.

Monthly Body Work fee of \$_____ via Client authorized automatic credit card or checking account ACH charges. Alternatively, Client may prepay six or twelve months in advance via any credit card, bank check or cash. Payment in monthly increments by any means other than Client's credit card or ACH is not permitted.

Please read and sign below:

- (a) I agree to purchase the BlissBlissBliss Membership for \$10.00 as an automatic, annual charge to my credit card, or automatic debit to my checking account.
- (b) I agree to purchase the BlissBlissBliss Body Work Treatments Package for \$_____ as an automatic, charge to my credit card, or automatic debit to my checking account each month for a contract period of _____ months.
- (c) I hereby certify that I am the holder of the credit card, or an authorized signer on the bank checking account detailed below.
- (d) I understand that my membership will be deactivated if my account becomes more than 30 calendar days late.

Signature: _____ Date: _____

BlissBlissBliss Membership Plan Savings Opportunity:

We believe that body/energy work is a fundamental component of wellness and our guest prices are designed to support your choice in getting body/energy work. The BlissBlissBliss Membership Plan allows clients who choose to come more frequently, the opportunity to gain additional savings on each body/energy work session.

Membership Plans if not paid in full are set up on autopay system. The membership fee will be charged monthly on the 1st of the month. Sessions on a membership plan are to be used within one year of the start of the membership.

Membership Options:

- Twelve (12) 1 hour basic treatments - \$49.00 per visit (\$588)
- Six (6) 1 hour basic treatments - \$55 per visit (\$330)

A \$10 yearly membership fee will be charged for all memberships.

Basic treatments are: Swedish, pregnancy massage, Thai Yoga massage, & Reiki.

I understand that should I decide during my membership year to not remain with BlissBlissBliss, my actual visit history will be recalculated and I will pay BlissBlissBliss the difference between my intended plan with actual visits.

Pay As You Go Memberships Offered Through Autopay

We offer the following Pay-As-You-Go through a monthly auto pay plan to our members:

- Twelve (12) - 1 hour treatments \$49.00 per visit charged monthly on the 1st of the month for 12 months.
- Six (6) 1 hour treatments \$55 per visit charged monthly on the 1st of the month for 6 months.

I understand that should I decide during my membership year to not remain with BlissBlissBliss, my actual visit history will be recalculated and the actual amount due will be taken from the last visit fee. Any No Show Fees or Skipped Visits may also be charged.

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\$0 is charged if you call to cancel 24 hours in advance of your appointment.

The price of the full scheduled visit will be charged if you do not call and do not show up for your appointment.

*****Customer Copy Please tear off last page and keep for your reference*****