



Synergy Massage

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(541) 684-0066

Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Occupation/Employer _____ Work Phone _____ E-mail _____

DOB _____ Emergency Contact _____ Ph _____

Where did you hear about my massage practice? (advertisement, friend, etc.) _____

Do you have any chronic pain or tension? If so, where, and what % of time? _____

Are there any repetitive motions in your daily life, such as sitting, standing, driving, or lifting for long hours? _____

Do you have any contagious skin diseases? (i.e., athlete's foot) _____

Are you presently under a physician's care? _____ Please explain _____

Have you recently been hospitalized, ill, or injured? _____ If yes, please explain _____

Do you exercise? If so, what kind, and how often? _____

How is your stress level today? In general? At home/work? _____

List any allergies _____

Have you ever been in a car or bicycle accident? _____ If yes, please explain _____

Is there anything else you'd like for me to know? _____

I understand that the massage/bodywork I receive is provided for the purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform my practitioner so that pressure may be adjusted to my comfort level. I further understand that massage/bodywork should not be construed as a substitute for a medical examination, diagnosis, or treatment and that I should see a physician or other health professional. I affirm that I have stated all of my known medical conditions and have answered all questions honestly. I agree to keep my practitioner updated to any changes in my medical profile and understand that there will be no liability on the practitioner's part should I forget to relay such information. It is also understood that any illicit or sexually suggestive remarks or advance by me, the client, will result in immediate termination of the session. I also agree to pay for each session at the time of the session unless other specific arrangements have been made. Appointment cancellations need to be made 24 hours prior to appointment or half the fee will be charged the first time, and the full amount thereafter. If insurance is billed and is not paid in full, I agree to pay the difference plus a \$10.00 processing fee.

Date: _____ Signature: _____