

True Bliss Massage and Reiki

738 E. 18th Ave
Denver, CO 80218
(720) 440 2067

Welcome Paperwork

Welcome to True Bliss! We can't wait to help you along your way to feeling like your best self. Just a couple quick questions and we'll be on our way 😊

Name: _____ Email: _____

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

Birthday: _____ Age: _____ Phone #: _____

Occupation: _____ How did you hear about us? _____

Emergency Contact (name and relationship): _____ Phone #: _____

Briefly describe your primary reason for massage therapy session: _____

Have you ever had massage therapy before? _____ When was your last massage? _____

Are you involved in any other therapy or medical treatment at this time? _____ If so, what and how often? _____

What type of pressure do you typically prefer in massage? _____

Please list any prescription or over the counter medications you are currently taking and what they are for:

_____	_____
_____	_____
_____	_____
_____	_____

Do you have any allergies? _____

Please list any previous surgeries, broken bones or serious injuries with dates:

Contagious diseases: _____

Health Issues: _____

Do you feel like you "hold" stress or tension in any part of your body? If so, where? _____

Do you have a preference for music during your massage?

- Nature sounds
- Classical
- New age/Ambient
- Native American
- No preference
- Client is always welcome to choose any Pandora station he or she may like 😊

Is there any other information you feel would be helpful to share with me at this time? Traumatic events, preferences, sensitivities, negative experiences with massage in the past... _____

True Bliss Massage & Reiki Consent Form

Kindly check each item below and sign at the bottom of this page.

- I have completed the True Bliss welcome paperwork to the very best of my knowledge and will always inform my Massage Therapist of any change in my health. I understand that there shall be no liability on the practitioner's part should I forget to do so.

- I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscle tension. I further understand that a Massage Therapist cannot diagnose illness, disease, or any other medical, physical or emotional disorder, nor perform spinal manipulations. I am responsible for consulting a qualified physician when needed.

- I understand that my Massage Therapist is a professional practitioner, who is licensed by the State of Colorado through the Department of Regulatory Agencies and will uphold their strict ethics and regulations at all times. It is also understood that any illicit or sexually suggestive remarks or advances made by a client will result in immediate termination of the session, and client will be liable for full payment of the scheduled appointment.

- I understand that if I arrive late, my session will end at the originally scheduled time so the client following me will not be penalized.

- I agree to give 24 hour notice for a scheduled session I cannot keep. I am aware that I may be charged the full fee for any missed sessions or for sessions that I don't provide 24 hour notice to cancel or reschedule.

Thank you for taking the time to fill out these forms! We are one step closer to helping you feel like a brand new you! By signing below you acknowledge that you are aware of our practice policies.

CLIENT: _____

Date: _____

LMT: _____

Date: _____