

# The Pilates Wellness Center

## Leaner | Longer | Firmer | Stronger

# Massage Therapy Forms

11420 Fortune Circle, I-7  
Wellington, FL, 33414

Phone (561) 204-5393

[www.PilatesWellness.com](http://www.PilatesWellness.com)  
[info@pilateswellness.com](mailto:info@pilateswellness.com)

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City, ZIP \_\_\_\_\_

Phone Daytime \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Birth Date \_\_\_\_\_ Martial Status:  Married  Single  Divorced

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Referred By \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician: Name \_\_\_\_\_ Phone \_\_\_\_\_

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**Message Information**

First professional massage:  Yes  No; how frequently do you have massage: \_\_\_\_\_

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**Medical Information**

List accidents/injuries, hospitalizations, and surgeries: when they occurred and treatment received

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Any lingering effects from the above or do you feel you have recovered?

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Chronic, ongoing pain?  No  Yes, please describe and any care or treatment you receive

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Do activities affect the pain?  No  Yes, please describe

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Are you currently being treated medically or taking prescribed drugs?  No  Yes, please describe

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Please list all over the counter, supplements, and/or herbs taken and why

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**History** (helps determine treatment options)

**Musculoskeletal**

- Osteoporosis
- Arthritis
- Hypothyroidism
- Fibromyalgia
- Chronic Fatigue
- Gout in \_\_\_\_\_
- Bursitis
- Plantar Fasciitis
- Cysts/Lipomas
- TMJ
- Chronic Headaches
- Tendonitis
- Whiplash
- Strains/Sprains
- Chronic pain in:
  - Neck
  - Low-back
  - Mid-back
  - Upper-back
  - Hip
  - Arm
  - Leg
  - Shoulder
  - Wrist/Hand
- On computer more than 2 hrs/day. No. of hrs: \_\_\_\_\_

**Respiratory**

- Pneumonia
- Asthma
- Breathing Problems
- Sinusitis
- Other: \_\_\_\_\_

**Digestive**

- Ulcers
- Colitis
- IBS
- Chron's disease
- Gluten Intolerance
- Constipation
- Diarrhea
- Gallstones
- Gas/Bloating
- Chronic Indigestion

**Circulatory**

- Heart problems: \_\_\_\_\_
- Stroke
- Palpitations
- Mitral valve prolapse
- Anemia
- Hemophilia
- Hypertension
- Low Blood Pressure
- Peripheral Artery Disease
- Raynaud's Disease
- Varicose veins
- Blood clots/Phlebitis

**Skin**

- Fungal infections
- Athlete's Foot
- Impetigo
- Eczema/Dermatitis
- Psoriasis
- Easily irritated skin
- Other: \_\_\_\_\_

**Nervous System**

- Dizziness
- ALS
- Multiple Sclerosis
- Parkinson's disease
- Bell's Palsy
- Neuritis
- Spinal cord injury
- Trigeminal Neuralgia
- Seizures/Epilepsy

**Other**

- Diabetes
- Pregnancy
- Cancer
- Kidney disease
- Hepatitis
- HIV/AIDS
- Lupus
- Postoperative: \_\_\_\_\_
- Cystitis
- High stress
- Grieving
- Anxiety/Panic Attacks
- Bipolar syndrome
- PMS/Menopause difficulties
- Poor sleep/Insomnia
- Allergies affecting:
  - Facial skin
  - Body skin
  - Nose/Sinuses
  - Eyes
  - Stomach/Gut
- Orthopedic pins or plates
- Other: \_\_\_\_\_

**Exercise**

Time/day-week: \_\_\_\_\_ Activities: \_\_\_\_\_

The above information is accurate. I understand that Massage Therapists do not diagnose disease or prescribe drugs and that they are not a substitute for medical care. I agree to alert my practitioner of any physical/emotional changes as they occur. I also understand that a missed appointment might incur charges that I must pay.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Massage Therapy Waiver and Release

In consideration for my participation at The Pilates Wellness Center and any massage services I receive, I hereby assume all risk of loss, damage or injury associated with or incurred during my participation. On behalf of myself, my heirs, beneficiaries, administrators and personal representatives, I waive all claims for injuries or damages arising out of my participation and hereby release the PILATES WELLNESS Center, Inc. ("Pilates Center"), as well as its officers, directors, assigns, members, agents and employees, from all such claims arising out of my participation at Pilates Center.

I confirm my physical condition allows me to participate in the Pilates Center programs and that, if I have any question about my physical condition in this regard, I will seek a physician's advise.

I have read and understood the foregoing, and voluntarily sign this Massage Therapy Waiver and Release.

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PILATES WELLNESS Center Participant Signature

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Date

## Massage Therapy Policies

I am aware, understand and agree to the following: **Please initial each policy.**

- 1) \_\_\_\_\_ I understand that all massages and packages are pre-paid and a credit card is required to reserve an appointment time. These appointment times are held specifically for me.
- 2) \_\_\_\_\_ I understand I will be charged the full amount of my massage if I choose to miss, no show or give less than a 24 hours cancellation notice. I understand there are no refunds, no make up sessions or exceptions of any kind. All services are non-refundable and non-transferrable.
- 3) \_\_\_\_\_ I understand it is my ultimate responsibility to keep my massages or to reschedule. The PWC does not confirm any sessions prior to scheduled time.
- 4) \_\_\_\_\_ I understand all massages and packages purchased have a 1 year expiration date from day of purchase and no exceptions are given regardless of the circumstance.
- 5) \_\_\_\_\_ I understand in order for PWC to run efficiently, all sessions start and end promptly on time. Should I arrive late, I understand my session will begin when I arrive and end on time. Clients more than 15 minutes late are considered cancelled.
- 6) \_\_\_\_\_ I understand there may be other clients receiving sessions at the same time I am. I agree to turn my cell phone off, keep my voice to a minimum, and be respectful to the other clients. I agree to not wear perfume, skin lotions, hairspray or other fragrances as other clients may have chemical sensitivities.
- 7) \_\_\_\_\_ I understand it is necessary for me to wear long stretchy ankle length pants, clean socks and a Tshirt that covers my full torso (including back and shoulders) for Thai Massage. I understand if I do not wear the appropriate attire to my session, I hinder the practitioner's ability to perform thai massage and my session will be limited.