

Savannah School of Massage Therapy Training, Inc. - Client Information Form

Name: _____ Telephone: () _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Email: _____ Occupation: _____

How did you hear about us?: _____ Telephone: () _____

In case of emergency: _____ Telephone: () _____

General and Medical Information Age: _____ male female

Have you ever experienced a professional Massage or Bodywork session? yes no If yes, how recently? _____

If you answer "yes" to any of the following questions, please explain as clearly as possible.

- | | | | |
|--|--|--|---|
| <input type="radio"/> yes <input type="radio"/> no | Have you been in an accident or suffered any injuries in the past two years? | <input type="radio"/> yes <input type="radio"/> no | Have you had any broken bones in the past two years? |
| <input type="radio"/> yes <input type="radio"/> no | Are you very sensitive to touch or pressure in any area? | <input type="radio"/> yes <input type="radio"/> no | Do you have tension or soreness in a specific area? |
| <input type="radio"/> yes <input type="radio"/> no | Do you experience frequent headaches? | <input type="radio"/> yes <input type="radio"/> no | Do you suffer from back pain? |
| <input type="radio"/> yes <input type="radio"/> no | Do you frequently suffer from stress? | <input type="radio"/> yes <input type="radio"/> no | Do you suffer from arthritis? |
| <input type="radio"/> yes <input type="radio"/> no | Are you pregnant? | <input type="radio"/> yes <input type="radio"/> no | Do you have cardiac or circulatory problems? |
| <input type="radio"/> yes <input type="radio"/> no | Are you wearing contact lenses? | <input type="radio"/> yes <input type="radio"/> no | Do you have varicose veins? |
| <input type="radio"/> yes <input type="radio"/> no | Do you have high blood pressure? | <input type="radio"/> yes <input type="radio"/> no | Do you bruise easily? |
| <input type="radio"/> yes <input type="radio"/> no | If "yes" to the previous question, are you taking medication for this? | <input type="radio"/> yes <input type="radio"/> no | Do you have any other medical condition I should be aware of? |
| <input type="radio"/> yes <input type="radio"/> no | Do you suffer from epilepsy or seizures? | Comments: _____

_____ | |
| <input type="radio"/> yes <input type="radio"/> no | Do you suffer from joint swelling? | | |
| <input type="radio"/> yes <input type="radio"/> no | Do you have allergies? | | |
| <input type="radio"/> yes <input type="radio"/> no | Have you ever had surgery? | | |
| <input type="radio"/> yes <input type="radio"/> no | Do you have any contagious condition? | | |
| <input type="radio"/> yes <input type="radio"/> no | Do you have osteoporosis? | | |
| <input type="radio"/> yes <input type="radio"/> no | Do you have numbness or stabbing pains anywhere? | | |
| <input type="radio"/> yes <input type="radio"/> no | Do you have diabetes? | | |

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination or diagnosis, and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage or bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature: _____ Date: _____

Practitioner's Signature: _____ Date: _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of parent or guardian: _____ Date: _____

How Can Massage Be Medically Beneficial?

Let's admit it, most of us think of massage as only a luxury of life—to be enjoyed once in a great while. The truth is, we can all benefit from a little stress-management and pain relief given by ongoing massage therapy.

There are many healthy benefits to receiving massage therapy on a regular basis:*

- Improves Posture
- Lowers Blood Pressure/Improves Circulation
- Helps Manage Pain
- Improves Flexibility and Range of Motion
- Relieves Tension-Related Headaches
- Enhances Post-Operative Rehabilitation
- Manage Fibromyalgia Pain Naturally

Recent scientific research also proves that Massage Therapy increases immune function, decreases stress levels and reduces recovery time in many medical conditions including:*

- Allergies
- Depression and Anxiety
- Arthritis
- Carpal Tunnel Syndrome
- Asthma and Bronchitis
- Circulatory Problems
- Insomnia
- Sports Injuries
- Temporomandibular Joint Dysfunction (TMJ)
- Fibromyalgia and Chronic Fatigue Syndrome

More Americans are turning to therapeutic massage treatment not only to provide relaxation, but also to relieve tension and pain associated with the daily stresses of their busy lives. Consider the *Healthy Rewards* of regular Massage Therapy for yourself, and let us help you achieve a balanced lifestyle!

*Resource: www.MassageEnvy.com

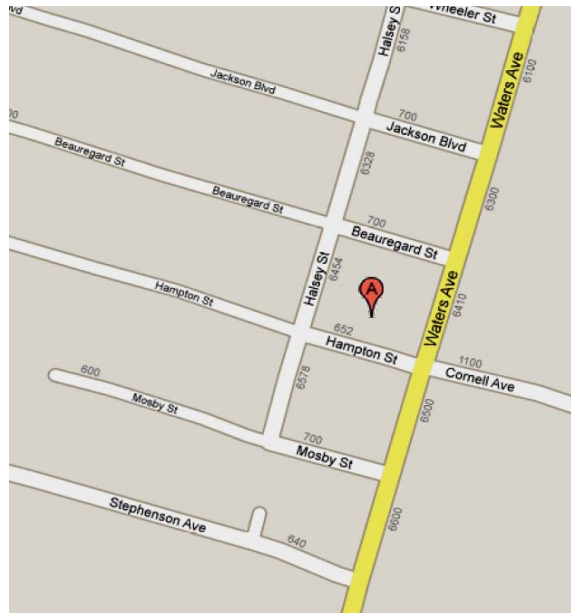
School Location

We are located at 6413 Waters Avenue, between Derenne Avenue and Stephenson Avenue. Our building sits on a large corner lot at Waters Avenue and Hampton Street. We are in a tan, metal building and you may park behind the building or on the side street.

Please call to schedule an appointment.

912-355-3011

Gift Certificates may be purchased at the school or online at www.SavannahSchoolofMassage.com

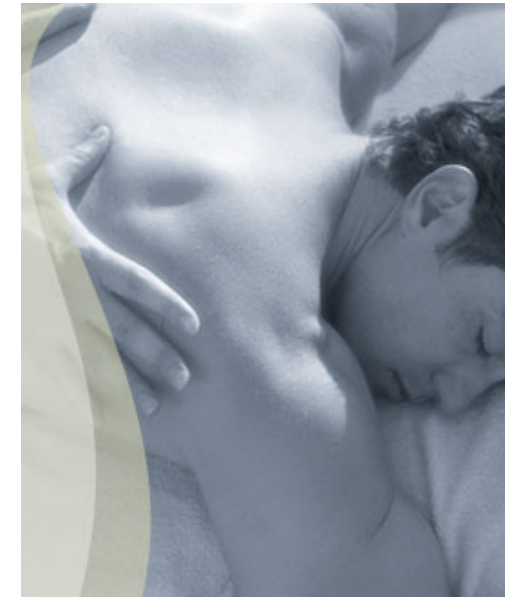


Visit www.googlemaps.com for directions.



6413 WATERS AVENUE
SAVANNAH, GA 31406

912-355-3011



STUDENT MASSAGE CLINIC

Clinic Schedule

Winter

1.3.12—3.29.12

Mon, Tues, Weds, Fri

3:00, 4:15, 5:45 pm

Thurs 3:00 pm

Saturday

11:15, 12:30, 1:45, 3:00

Appointments require at least
two hours notice.

Therapist availability and clinic hours may vary daily.

All sessions are one hour.



What Our Clients Are Saying...

"Excellent full body massage"

"Pleasant and knowledgeable"

"The entire experience was excellent"

"Very relaxing"

"Calm, comfortable environment"

"Very professional"



Services & Prices

INTERMEDIATE STUDENT MASSAGE \$30

SWEDISH:

A general one-hour Swedish relaxation massage to help relieve stress. This massage is not focused on a specific area since students have limited practice. Light to moderate pressure is applied during the massage.

ADVANCED STUDENT MASSAGE \$40

SWEDISH/DEEP TISSUE:

A one-hour combination Swedish relaxation and deep-tissue massage. These students are much closer to graduation. This type of massage is more specific and helps decrease deep levels of muscle tightness. Moderate to heavy pressure is applied during the massage.

THE PROFESSIONAL/GRADUATE THERAPIST \$50

SWEDISH/DEEP TISSUE/NEUROMUSCULAR:

A one-hour combination of various massage techniques by a state licensed massage therapist. Graduates have varying years of experience and incorporate different techniques as requested by the client. Pressure will vary depending on the techniques used in the massage.

Therapist availability may vary daily. Please call for today's availability.

Tips on getting the massage you want:

Clearly communicate your needs to your therapist before and during massage session. How much pressure do you want? Are there areas you want them to focus on? Are there areas you don't want touched? Let your therapist know and you will be happier with the outcome. Have a great massage!

Things to Know When Visiting Our Student Clinic

Use the restroom facilities before your massage, if needed.

Let your therapist know if you want certain areas concentrated on or not touched, or if the pressure or specific technique he or she is using is uncomfortable.

Turn off all cell phones and pagers before the massage session.

Keep conversation to a minimum, communicating with your therapist at a low volume.

Do not ask your therapist to perform techniques that they have not been trained in at this time.

If you feel that you have received exceptional service, **you may tip** your therapist directly. We **cannot** include tips in your payment to the school for the massage therapy session.

All purchases and donations to the school are **tax deductible!**

We Appreciate Your Business!

Gift Certificates Available



"Helping the World Through the Power of Touch." — www.SavannahSchoolofMassage.com