

STELLAR MASSAGE CLIENT INFORMATION

Date: _____

Name: _____

Street Address: _____

City, ST, ZIP: _____

Occupation _____

Birth Date: _____

Cell Phone: _____

Alternate Phone: _____

E-Mail: _____

Best Time/No to Call: _____

How you heard about us: _____

Medical Information

Permanent Medical Conditions (including in remission, and post-acute)

Notes: (eg: Ticklish feet, love foot massage and scalp rub, etc...)

Signature: _____

Therapist notes: _____

STELLAR MASSAGE MESSAGE SESSION SHEET

Name: _____ Date: _____

Purpose of Visit? (Just want to relax, tension in neck and shoulders, tingling fingers, etc...)

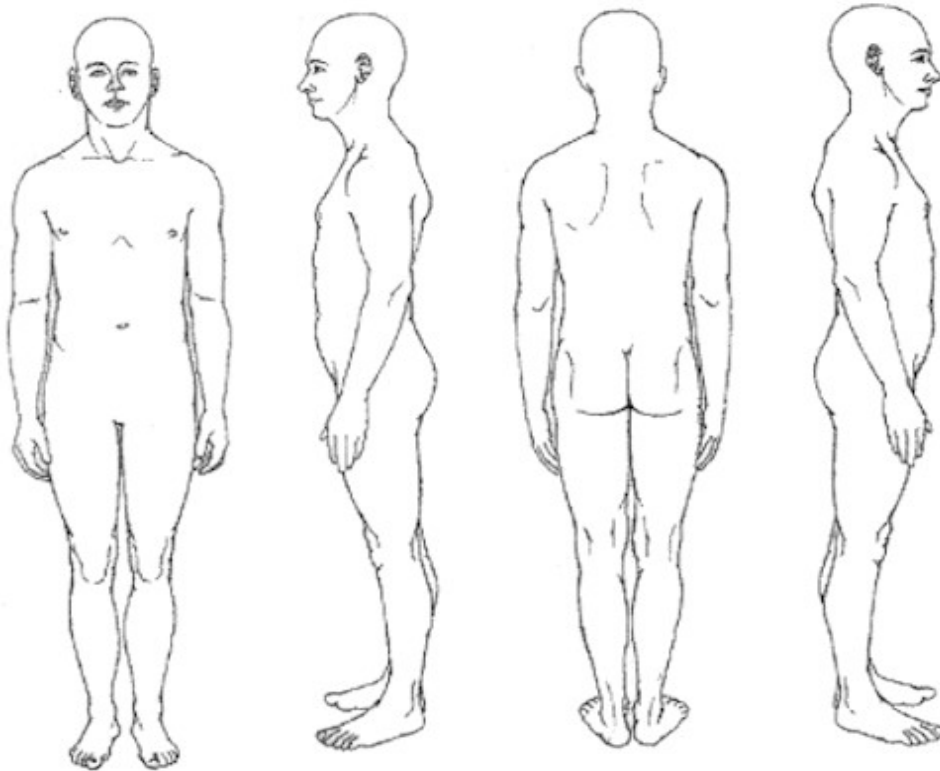
Surgeries in the last year and new injuries or medical conditions since last visit: Pregnant?

Medications currently taking/taken within last 48 hours and what it's for:

Areas to Avoid (sores, rashes, bruises, cuts, etc...) Note what and the location:

Do you prefer to: chat ____, have quiet ____, begin chatting then have quiet ____, depends ____

Please circle any areas that you would like concentrated work on.



Signature: _____

Therapist notes:

Time	Type + FB/Targ/skipped	Cream	Heat/Ice/location
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C/O: _____

Notes: _____

Recommendations:

Initials: _____ Pmt Method/Amount: _____

STELLAR MASSAGE POLICY

CANCELLATION

We request 24 hour notice for all canceled appointments. People who no-show or cancel less than 4 hours prior to their appointment time may be charged for the session and may be required to pay in advance for future appointments.

TARDY ARRIVAL

A set amount of time is reserved for each client. If you arrive late, the time spent on your massage may have to be reduced. You will be charged the full price of your appointment even if it must be shortened.

STOPPING THE SESSION

This is an ethical, licensed establishment. No sexually inappropriate behavior is permitted (examples include exposing yourself, touching the therapist's hand or hip, or sexual comments or innuendos). Any client who behaves inappropriately will have his/her session terminated and will be charged the fee for the scheduled time regardless of amount of time actually spent on the massage.

FORM OF PAYMENT

We accept cash, credit card and local check with ID with same address printed on the check.

DISHONORED CHECK FEE

A \$35 fee will be imposed for any dishonored check.

MINORS

A parent or guardian must be in attendance for the duration of the massage for a minor child.

PRIVACY

Client information is confidential and will not be shared unless the client requests it in writing or we are legally compelled.

DRAPING

Clients will remain draped during the entire massage. Only the portion of the body being worked on will be undraped at any time.

ILLNESS

Please be courteous and reschedule or cancel appointments if you are sick.

\$10 REFERRAL CREDIT

If you refer a new client who comes in and pays for a massage (not by coupon or Gift Certificate), you will receive \$10 in store credit. The referred person must put your name on the intake form as how they found us.

MESSAGE CLUB

No Contract - Upgrade or downgrade as needed - Full 60/90/2hr Minute Massage - Household can share
Additional massages at club price - Banked massages are good for 5 years even if membership is cancelled.

Monthly fee is for 1 massage - Cannot split into 2 massages (example: 60 minutes into 2 30 minute massages).

GIFT CERTIFICATES

Expiration: 5 years. If a gift certificate is lost, please call and cancel the gift certificate. If it is presented for redemption prior to being cancelled, the gift certificate is used and will not be reissued. ***No cash refunds.
Gift Certificates are FOR SERVICES ONLY and cannot be used toward tips.

Signature: _____