



**Aloha to our visiting clients - e komo mai!**

Please fill out the following information so that we may provide the best session possible

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email (print clearly): \_\_\_\_\_

City: \_\_\_\_\_ State (or province or country): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Business or Vacation? Where are you staying while on Oahu? Friend Family Airbnb VRBO Resort \_\_\_\_\_

How did you hear about **Kailua Massage Therapy**? \_\_\_\_\_

Favorite part of your trip so far (*besides your massage*) \_\_\_\_\_

**Past** injuries or surgeries: \_\_\_\_\_

**Present** conditions: \_\_\_\_\_ Wear a medical ID piece? Y N

Allergies or sensitivities: \_\_\_\_\_

The **purpose(s)** for any medications currently prescribed: \_\_\_\_\_

Have you had massage or bodywork before? Y N Preferred pressure: \_\_ light \_\_ medium \_\_ firm. Ticklish? \_\_\_\_\_

What do you wish to accomplish from today's session? \_\_\_\_\_

Do you have any sunburn or healing body modifications that your therapist should be aware of? Y N \_\_\_\_\_

Additional Notes or concerns: \_\_\_\_\_

**Please read the consent agreement and sign/date at the bottom.**

**Please don't hesitate to ask for clarification.**

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**CAREFULLY READ THE POLICY/CONSENT AGREEMENT THEN SIGN & DATE AT THE BOTTOM.**

- I understand that if I need to cancel in the future, I should give at least 24 hours' notice - I may be charged up to 50% for a missed appointment if I cancel in less time
- If I forget or consciously choose to forgo my appointment for whatever reason, it's considered a "no-show," and I will be charged the full amount for my missed appointment. Future service may be denied until payment is made
- I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscle tension
- If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure/strokes may be adjusted to my comfort level
- I further understand that the bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist for any mental or physical ailment of which I am aware
- I understand that the bodywork practitioners are not qualified to diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such
- 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 fail to do so
- I understand that any illicit or sexually suggestive remarks or advances made by me will result in the immediate termination of the session, and I will be liable for the full payment of session

Signature: \_\_\_\_\_ date: \_\_\_\_\_

**MAHALO!**