



# Painremovers Massage Therapy

Please complete this form and bring to your massage at  
27 Grove Road, Addington, Christchurch ph. 0272-184114

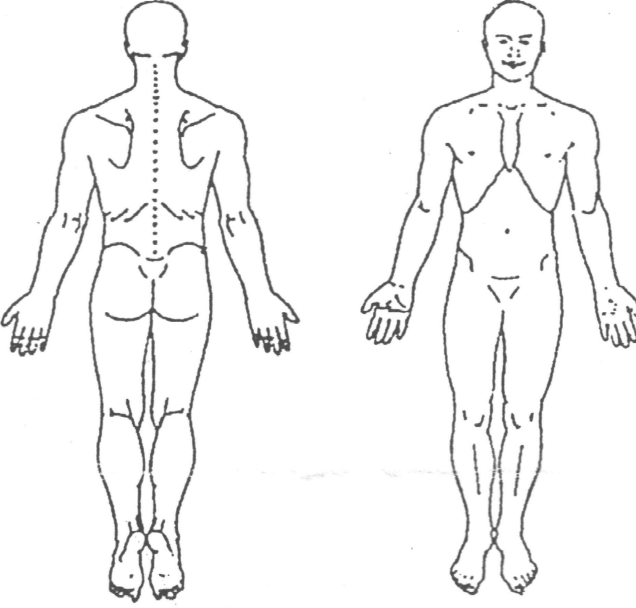


## Personal Details

Date		Occupation	
Name		Date of Birth	
Work phone		Referred by	
Home phone		Regular Health Practitioner	
Mobile			
Address		Previous massages	Yes No
E-mail			

### General Health Form for Relaxation Massage

Please circle and tick what applies to you:

<p>Please circle all areas where you feel you "hold your stress"</p> 	Sensitive skin or Allergies	
	Osteoporosis	
	Fungal infections	
	Melanoma	
	Psoriasis/Eczema/Dermatitis	
	High or Low Blood Pressure	
	Bruise easily	
	Pregnant	
	Wearing contact lenses	
	Epilepsy / Seizures	
	Depression	
	Anxiety	
	Stress	
	Insomnia	
Anything else we should know?		

I understand that Relaxation Massage is for the purpose of relaxation and stress reduction.

I understand that the massage therapist does not treat, prescribe for, or diagnose any illness, disease or any other physical or mental disorder, injury or condition. Nothing said or done by the practitioner will be construed as such.

#### Duration of massage sessions and cancellation fees:

A massage session starts and finishes at the booked time and does not consider lateness of the client.

Please give 24 hours notice of changed or cancelled appointments. A cancellation fee of 25% will be charged if the appointment is cancelled within less than 24 hours.

#### Conditions of payment:

Payment is due at the time of the appointment and can be made by EFTPOS or cash.

Credit card facilities are only available via Paypal on our website for 3 visit massage packages.

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