peacemaker
ENTERPRISE

MASSAGE

The Wisdom of the Body Temple

Dear Client: This form will assist in the creation of a safe session for your individual needs and a support system for your body, mind, and spirit. There are various conditions that might need your doctor's permission such as cancers or surgery. Various infections or wounds might prohibit you from having a massage until healed.

- We offer no refunds (check) ___
- We request a 24-to-48-hour notice of cancellation outside of an emergency (check) ___
- We charge half of the whole fee paid for last minute (same day) cancellations outside of an emergency with the balance being used toward your next appointment (check) ___
- You are expected to pay the entire fee online before your session when your appointment has been confirmed unless other arrangements have been confirmed to hold your space (check)____
- Do not bring children, other people, pets, or food: (check) ___
- No cell phones used during session: (check) ___
- Do not come high or altered: (check) ___
- Please download the Peacemaker Power Tools and The Ten Commitments (PDF) from the website price page (check) ____
- Create a positive intention for your massage experience: (check)___
- Please be on time (check)___
- Please love yourself deeply: (check)___
- Peacemaker is spiritually based. Peacemaker is not religious but respectful and supportive of all (check)___

We require a valid ID. Clients must be twenty years and older. We hold the right to not be of service especially in the case of sexual or verbal profanity, nudity, intoxication etc.. All information is confidential.

***Proper Hygiene for Massage: Please bring a clean body, clean feet, hands, and mouth. If you are not coming directly from home a clean washcloth will be available for you to use if needed: Allow me to know if you have any external skin infections or infections in general before your massage begins. Thank you for your consideration. _____(Check)____**

I HAVE READ THE ABOVE INFORMATION AND I AGREE TO THESE TERMS: REQUIRED

SIGNATURE_____

PRINT _____ SIGNATURE _____

Date_____

CLIENT INFORMATION: *Please Print*

NAME_____ BIRTH DATE_____

ADDRESS_____

HOME PHONE_____ BUSINESS _____

CITY_____ STATE_____ZIP_____

EMAIL_____CELL_____

OCCUPATION_____ HOBBY_____

NUMBER OF CHILDREN AT HOME _____AWAY_____

NAME/# OF NEXT OF KIN FOR EMERGENCY_____

GENERAL HEALTH CONDITION ?

EXCELLENT____ GOOD_____ AVERAGE___ BELOW AVERAGE____ POOR____

PREGNANT_____

HAVE YOU HAD HAVE ANY SERIOUS OR CHRONIC ILLNESS ? ___YES_____NO

OPERATIONS ? _____

TRAUMATIC ACCIDENTS ? _____

ARE YOU PREGNANT ? _____

ARE YOU UNDER A DOCTOR'S\CHIROPRACTOR OR OTHER HEALTHCARE WORKER'S

CARE ? _____YES _____NO

IF YES, FOR WHAT CONDITION(S) ?

_____

ARE YOU ON MEDICATION/S AND IF SO, WHAT KIND AND FOR WHAT ?

_____

WHY DID YOU COME FOR THIS SERVICE ?

RELAX___ PAIN ___ STRESS ____ PHYSICAL CONDITIONING____

TRUAMAS : SEXUAL____PHYSICAL___RACIAL/CULTURAL ____

CIRCLE: STRESS LEVEL FROM ONE TO FIFTEEN: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

HAVE YOU HAD MASSAGE BEFORE ? ____

DO YOU PREFER YOUR MASSAGE? LIGHT ___ MEDIUM ___ DEEP TOUCH____

DO YOU WANT WARM TOWELS ON YOUR BACK or FACE ? _____ YES_____NO (add-on)

DO YOU WANT? OIL___ CREAM ___ DON'T CARE ___

DO YOU HAVE A PROBLEM WITH AROMATHERAPY SCENTS ? _____YES_____NO

PLEASE CHECK

	Yes	No
DIABETES	▫	▫
ARTHRITIS	▫	▫
SEIZURES	▫	▫
SPINAL INJURY	▫	▫
CANCER	▫	▫
STROKE	▫	▫
HEADACHES	▫	▫
PINS\NEEDLES	▫	▫
HEART CONDITIONS	▫	▫
SKIN DISORDERS	▫	▫
VARICOSE VEINS	▫	▫
FATIGUE	▫	▫
DEPRESSION	▫	▫
PAINFUL JOINTS	▫	▫
PHLEBITIS	▫	▫
SCOLIOSIS	▫	▫
LOSS OF BALANCE	▫	▫

PLEASE CHECK (con't)

	Yes	No
DISK PROBLEMS	▫	▫
ELEVATED CHOLESTEROL	▫	▫
HIGH BLOOD PRESSURE	▫	▫
INFECTIOUS CONDITIONS	▫	▫
HIV, HERPES	▫	▫
SEXUALLY TRANSMITTED DISEASES	▫	▫
ASTHMA	▫	▫
FAMILY RELATED ADDICTION	▫	▫
COVID	▫	▫
BLOOD CLOTS	▫	▫
THROMBOSIS	▫	▫

Signature:_____ Date: _____

Print: _____

Mandatory Texas Massage Rules

Texas Administrative Code (TAC), Section 117.91

AGREEMENT

Checklist for Ensuring that a Massage Therapy Consultation Document Meets the Minimum Requirements Established by Rule (Circle Yes)

1. The type of massage therapy services or techniques the licensee anticipates using during the massage therapy session. Light ___ Medium ___ Moderately Deeper touch by hand/or massage tools , Dry brush _____ Yes

2. All parts of the client's body (whole body) will be massaged EXCEPT genital area, gluteal cleavage, breast , areas avoided because of contraindications or client requests such as (back massage only) Yes

3. Draping the breasts of female clients will be used during the session. Yes

4. Breast massage of female clients will not be done. Yes

5. Draping genital area and gluteal cleavage always used for clients. Yes

6. If the client feels uncomfortable for any reason, the client may ask the therapist to stop, and the therapist will end the massage session. Yes

7. The massage therapist may end the massage session if she feels uncomfortable for any reason. Yes

8. The massage therapist must immediately end the session if a client initiates any verbal or physical contact that is sexual in nature. Yes

9. Massage therapy is not a substitute for medical examination or diagnosis. It is recommended that I see a physician for any physical ailment that I may have. I understand that the massage therapist does not prescribe medical treatments or pharmaceuticals and does not perform any spinal adjustments. I am aware that if I have any serious medical diagnosis, I must provide a physician's written consent prior to services. Yes

Signature:_____ Date: _____

Print: _____

Signature:_____ Date: _____

Print: _____

COVID-19 & MONKEYPOX

AGREEMENT

I understand the risks of COVID-19 and Monkeypox and I knowingly and willingly consent to have massage therapy and/or Reiki treatments performed on my person. I understand that the COVID-19 and Monkey pox viruses can have a long incubation period, during which carriers of the virus may not show symptoms and can still be highly contagious.

I confirm that I am not presenting any of the following symptoms of COVID-19 or Monkeypox listed below: • Fever temperature over 99.6°F degrees • Chills with or without body aches • Shortness of breath • New loss of sense of taste or smell • Unexplained sores on soles of feet • Unusual fatigue • Cough • Sore throat • Swollen lymph nodes • Unexplained rashes.

Please seek immediate medical attention if you are displaying any severe signs of these viruses. I confirm that I have not been in close contact with anyone exhibiting the above COVID-19 or Monkey pox symptoms within the past 21 days.

I further confirm that I am not currently living with anyone who is sick or who is quarantined. To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the massage therapists and/or Reiki practitioner's guidelines.

Signature:_____ Date: _____

Print: _____

Signature:_____ Date: _____

Print: _____

SELF CARE: INFORMATION

PROCESSED FOODS AND SUGARS: MAY AFFECT HOW YOU PHYSICALLY FEEL

CLUTTERED ENVIRONMENTS: MAY AFFECT HOW YOU PHYSICALLY FEEL

DEPRESSION: MAY AFFECT HOW YOU PHYSICALLY FEEL

LACK OF REST: MAY AFFECT HOW YOU PHYSICALLY FEEL

LACK OF WATER: MAY AFFECT HOW YOU PHYSICALLY FEEL

LACK OF EXERCISE: MAY AFFECT HOW YOU PHYSICALLY FEEL

TRAUMA: MAY AFFECT HOW YOU PHYSICALLY FEEL

TOO MANY PEOPLE DON'T LIVE IN THEIR BODIES

MASSAGE HELPS YOU TO COME BACK TO YOUR BODY

MASSAGE CALMS DOWN YOUR NERVOUS SYSTEM

S. Aziz: Registered Massage Therapist: #020625

TAKING BACK MY LIFE NOW !