



Nokomis Massage & Wellness Client Information

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For your safety we require all clients to completely fill out this waiver/release form.

First Name _____ Middle Initial _____
Last Name _____
Email _____
Mobile Phone _____
Alt Phone _____
Address/Apt _____
City _____ State _____ Postal Code _____
Birthday _____
Gender M ☐ F ☐ NB/O ☐
Pronouns He/His/Him ☐ She/Her/Hers ☐ They/Them/Their ☐
Occupation _____
Emergency Contact Name _____
Relationship _____
Phone _____

General Health Information

Areas of the body concerning you today:

Current treatment (e.g. Chiropractor, etc.):

Medications:

Surgeries/Injuries/Accidents:

Allergies:

Areas of the body to avoid massaging (e.g. feet/scalp)

Systems Review

☐ Check all that apply

Musculo-Skeletal

- ☐ Headaches/Migraines
 - ☐ Neck pain/stiffness
 - ☐ Strains/Sprains
 - ☐ Back, hip pain
 - ☐ Shoulder, arm, hand pain
 - ☐ Leg, foot pain
 - ☐ Chest, ribs, abdominal pain
 - ☐ Jaw pain/TMJ
 - ☐ Tendonitis/Bursitis
 - ☐ Arthritis
 - ☐ Osteoporosis
 - ☐ Scoliosis
 - ☐ Spasms/cramps
 - ☐ Broken/Fractured bones
- Where: _____

Skin

- ☐ Rashes/Acne
- ☐ Athlete's foot
- ☐ Bruises
- ☐ Hemophilia/Blood thinners

Reproductive System

☐ Pregnancy Trimester: _____

Circulatory/Respiratory

- ☐ Dizziness/Fainting
- ☐ Shortness of breath
- ☐ Stroke
- ☐ Heart condition
- ☐ Asthma
- ☐ High/Low blood pressure

Digestive

- ☐ Reflux
- ☐ Constipation
- ☐ Intestinal gas/bloating
- ☐ Diarrhea
- ☐ Irritable bowel syndrome
- ☐ Crohn's Disease
- ☐ Colitis

Nervous System

- ☐ Numbness/tingling
- ☐ Fatigue
- ☐ Sleep disorders
- ☐ Ulcers
- ☐ Paralysis
- ☐ Chronic Fatigue Syndrome

Additional

- ☐ Cold or Flu
- ☐ Hearing Impaired
- ☐ Diabetes
- ☐ Fibromyalgia
- ☐ Cancer

Consent for Therapy

I understand that massage/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 should be construed as such. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment. Because massage 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 fail to do so.

Client Code of Conduct

Client understands that massage therapy is not sexual in any manner and that any illicit or suggestive remarks or behavior on the client's part will result in an immediate termination of the therapy session and possible notification of authorities. In such cases, client understands that payment will be expected in full; regardless of if the massage is completed or not. Client understands that the unclothed body will be draped at all times for warmth, sense of security, as a mark of massage therapy professionalism and that breast massages are not permitted.

Please be considerate of the fact that many massage clients and therapists are very sensitive to smell and odor, especially perfume, cigarettes and body odor as those types of odors tend to linger in the room for the next client.

Missed Appointments and Late Cancellation

Fees: Missed appointments will be charged a \$50 missed appointment fee. Appointments canceled with less than 24 hours before your scheduled massage will be charged a \$50 late cancellation fee if we are unable to fill the time slot that had been set aside for you. The fees will be automatically charged to your credit card.

If you chronically miss or late cancel your appointments, your right to schedule online may be revoked and you will only be allowed to schedule by phone up to 24 hours in advance.

Massage session duration includes 5-10 minutes for consultation and dressing time (i.e. 1-hour massage consists of approx. 50-55 minutes of massage time). Additional time is given to the Massage Therapists to properly disinfect each room in between clients.

Late Arrival: If you are late for your appointment, you will receive the remaining time available provided that there is enough time remaining to allow for at least 15 minutes of massage and changing time. You will be charged for the entire session.

Tips and Gratuity: If you like the work that your massage therapist did for you, please tip them accordingly. (Regular rate for 60 Minute Massage \$119.95, 90 Minute \$155.95) Most therapists prefer cash, however you may add the tip to your credit card at the time of checkout.

Payment: We only accept payment by credit card and you must have a valid credit card on file in order to schedule your appointment.

Privacy of information: Nokomis Massage and Wellness LLC is a standalone business entity. However, they utilize the administrative staff services of Nokomis Chiropractic P.A. Your personal information and credit card information is stored on a separate cloud base software system and is not shared with any other entity.

Massage Services for Minors: Massage services are provided to minors age 10 and up, per the Nokomis Massage and Wellness Policy. Written permission from the Parent/Guardian is required. Age 10 – 15 Parent/Guardian must remain on premises.

Services: Nokomis Massage and Wellness LLC reserves the right to: 1) change the terms and conditions, and pricing at any time upon providing reasonable notice. 2) refuse or discontinue service for any reason.

Client, in signing below agrees to the terms and conditions of: Consent for Therapy, Client Code of Conduct and the Office Policies of Nokomis Massage and Wellness LLC. The client understands that the signed terms and conditions shall govern this massage session and all future massage sessions. Client acknowledges having received a copy of the complementary and alternative health care client bill of rights.

Client Signature

Client Printed Name

Date

Massage Therapist/Staff Signature

Massage Therapist/Staff Printed Name

Date