

that's the spot

cupping & massage

Thank you for choosing [That's the Spot](#). Please complete the following paperwork before your appointment. This is a digital document which will allow you to type your information rather than complete it by hand.

Once completed, you may either save the document to your computer and email it to us at hello@thatsthespot.net or print the document and bring it with you to your appointment.

If you do not feel comfortable completing this document, you may complete document at the office prior to your appointment. If you have any questions regarding this paperwork, please call us at (281) 961-7249.





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client information

first name	last name	date of birth		
address	apt #	city	state	zip code
phone	email address			
emergency contact name	emergency contact phone	relationship		
occupation	who can i thank for the referral?			

general & medical information

question	yes	no	comment
Have you ever had a professional massage?			Type:
			Frequency:
Are you pregnant?			How far along?
Are you sensitive to touch/pressure?			Area(s):
Are you ticklish?			Area(s):
Any allergies? (essential/nut oils, scents, mint?)			Type:

Please list any medications currently being used and the reason for usage:

medication	reason

Please list any surgeries and the year of occurrence:

surgery	year



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massage therapy client waiver

Please take a moment to read and initial all of the following statements:

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

_____ I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

_____ I affirm that I have notified my therapist of all known medical conditions and injuries.

_____ I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to inform the therapist.

_____ I understand that massage is entirely therapeutic and non-sexual in nature.

_____ By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

_____ I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, then I am subject to a fee equal to the cost of the missed appointment. This fee is monetary. If the appointment was booked under a gift certificate, the gift certificate will be voided in lieu of the fee.

I have read and agree to the above policies.

client printed name

client signature

date

therapist signature

If patient is a minor:

parent or legal guardian's name

date of birth

information & suggestions

Prior to your massage, please remove all jewelry. Pull long hair back with a clip or band.

In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.

Please, feel free to ask your therapist any questions before, during, or after the session. Your therapist is a trained professional who will be happy to make you feel informed and comfortable.