



HEALTH HISTORY RECORD

The information provided will help to establish a safe and effective treatment. All information provided will be kept strictly confidential.

CLIENT INFORMATION

<i>Full Name:</i>	<i>Today's Date:</i>
<i>Address:</i>	<i>Date of Birth:</i>
	<i>Occupation:</i>
<i>Email:</i>	<i>Cell Number:</i>

<i>Emergency Contact:</i>	<i>Relationship:</i>
<i>Email (optional):</i>	<i>Cell Number:</i>

HEALTH INFORMATION

1.	<i>How would you rate your health?</i>	EXCELLENT / GOOD / FAIR / POOR
2.	<i>Have you had a Massage before?</i>	YES / NO *If YES, how recent?
3.	<i>Reason for seeking Massage:</i>	RELAXATION / PAIN RELIEF / OTHER:
4.	<i>Allergies? / Hypersensitivities?</i>	
5.	<i>When did you last visit your doctor?</i>	
6.	<i>How would you rate your sleep quality?</i>	EXCELLENT / GOOD / FAIR / POOR
7.	<i>Medications & Health Supplements you are taking?</i>	
8.	<i>Any areas of broken skin? (e.g. Rash, Wounds)</i>	YES / NO *If YES, where?
9.	<i>Recent Injuries / Health Concerns you would like to share?</i>	
10.	<i>Currently under medical supervision OR receiving other medical interventions?</i>	YES / NO

	<i>*If YES, please describe?</i>	
11.	Are you Pregnant? YES / NO	<i>*If YES, how many months?</i>

MEDICAL HISTORY

ANXIETY / STRESS	Y / N	NEUROPATHY	Y / N	CANCER / TUMOUR	Y / N
DEPRESSION	Y / N	NEUROLOGICAL CONDITION	Y / N	DIABETES	Y / N
BLEEDING DISORDER	Y / N	HEADACHE / MIGRAINE	Y / N	FIBROMYALGIA	Y / N
BLOOD CLOT	Y / N	OSTEOPOROSIS	Y / N	SEIZURES	Y / N
BRUISE EASILY	Y / N	OSTEOARTHRITIS	Y / N	STROKE / CVA	Y / N
PHLEBITIS / VARICOSE VIENS	Y / N	RHEUMATOID ARTHRITIS	Y / N	KIDNEY DISEASE	Y / N
BURSITIS	Y / N	TENDINITIS	Y / N	HEARING LOSS	Y / N
MUSCLE WEAKNESS	Y / N	TMJ DISORDER	Y / N	TINNITUS	Y / N
HIGH BLOOD PRESSURE	Y / N	MULTIPLE SCLEROSIS	Y / N	SCIATICA	Y / N
LOW BLOOD PRESSURE	Y / N	VERTIGO / DIZZINESS	Y / N	VISION IMPAIRMENT	Y / N

ASSESSMENT DIAGRAM (DO NOT FILL / FOR OFFICE USE ONLY)

POSTURAL & PALPATION			BLOOD PRESSURE

GENERAL GUIDELINES

1. Clients receive dignified, respectful, and confidential treatment.
2. Practitioner arrives 15-30 minutes early for setup; requires power, running water, and sink access.
3. Avoid heavy meals 2 hours prior; practice good hygiene and remove all jewelry.
4. Reschedule/cancel appointments if ill or contagious.
5. Minors (under 19) require parent/guardian-signed intake and parent presence for the entire session and booking.

POLICY STATEMENT

At Earth Jaguar Holistic Massage, your time, comfort, and well-being are my highest priorities. These policies are in place to ensure a smooth, respectful, and mindful experience for both client and practitioner.

- Bookings & Payments: New clients require a 50% deposit, the remaining balance for other sessions is due at your appointment. Special events, group booking or Extended Sessions (90+ minutes) require full payment at booking to reserve your date and time. All treatments are mobile / outcall services only.
- Cancellations: A minimum of 24 hours' notice is required to cancel or reschedule without losing your deposit.
- No-Shows: Failure to show up for your appointment will result in being charged the full session price. I will wait 15 minutes before the appointment is considered a "no-show".
- Refunds: Deposits are non-refundable, but can be applied to a rescheduled appointment if proper notice is given. If I must cancel or reschedule, any deposit / prepayment will be fully refunded OR applied to a rescheduled session, as you prefer.
- Draping: A sheet will be used to keep you covered at all times. Only the area being worked on will be exposed. Breast and genital areas are always fully covered and never massaged.
- Professional Conduct: Zero tolerance for sexually inappropriate or aggressive behaviour, including but not limited to harassment, racial discrimination, verbal abuse or being under the influence of drugs or alcohol. Any such behaviour will result in immediate termination of the session and forfeiture of the 50% deposit, at the massage practitioners' discretion.
- Mobile Service Fee: An additional travel fee of \$2.00 per km to locations more than 12 km from The Shipyards, North Vancouver.

These policies uphold mutual respect, professionalism, and energetic integrity—ensuring a safe, supportive, and mindful massage experience.

MESSAGE SESSION WAIVER & RELEASE

By signing this document, you acknowledge that you have read and agree to the following terms and conditions related to your massage session.

1. Health and Safety: You confirm that you do not have a contagious health condition, including COVID-19 symptoms or a positive test in the last 14 days, that could endanger the massage practitioner.
2. Purpose of Massage: You understand that this massage is for therapeutic purposes, such as stress reduction, muscle tension relief, and improved circulation. This is a non-sexual service.
3. Medical Disclaimer: You understand that this massage session is not a substitute for medical care. The massage practitioner cannot diagnose conditions, prescribe medications, or treat specific physical or mental illnesses.
4. Health Disclosure: You affirm that you have provided a complete and accurate health history. You will not hold the massage practitioner liable for any issues that may arise from undisclosed medical conditions or injuries.
5. Assumption of Risk: You acknowledge the risks associated with massage, which may include temporary muscle soreness, bruising, or the potential aggravation of a pre-existing injury.
6. Communication & Comfort: You agree to immediately inform the massage practitioner if you experience any pain or discomfort during the session so that adjustments can be made. You will not hold the massage practitioner responsible for any discomfort experienced during or after the session.

GENERAL RELEASE OF LIABILITY

By signing below, you confirm that you have read and understood all the terms outlined above. You voluntarily consent to this massage session and hereby release your massage therapist from all liability for any injuries or claims, past, present, or future, related to this session.

Client's Printed Name:

Client's Signature:

Date Signed:

First Session / Returning Client / Service Ordered: