

**Massage By Mari**  
**1920 Mineral Spring Ave Suite 19**  
**North Providence, RI**  
**401-353-3789**

**Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** Cell \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Marital Status:** Married Single Divorced

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

**Is this your first professional massage?** \_\_\_\_\_ **If not how often?** \_\_\_\_\_

**Any accidents, injuries, surgeries, or hospitalizations within the last year?** \_\_\_\_\_

**Chronic ongoing pain?** \_\_\_\_\_ **If so where?** \_\_\_\_\_

**Currently being treated medically or taking prescription drugs?** \_\_\_\_\_

**Do you currently have open wounds, cuts, scabs, scrapes, or lesions?** \_\_\_\_\_  
(if found during session the treatment can be stopped immediately)

**Do you have any fungal infections?** \_\_\_\_\_ **Are you pregnant?** \_\_\_\_\_

**Would you like our deals and specials emailed?** \_\_\_\_ **Nut Allergy?:** \_\_\_\_\_

The above information is accurate. I understand that massage therapists do not diagnose disease or prescribe drugs. They are not a substitute for medical care. I agree to alert my practitioner of any physical or emotional changes if any occur during our treatment.

I understand that an appointment must be cancelled or rescheduled with at least a 24 hour notice in order for there not to be a fee assessed. Should this not be the case the fee will be \$35.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_