

Massage By Mari  
359 Putnam Pike, Ste 107  
Smithfield RI  
401-335-0980

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 notice in order for there not to be a fee assessed. Should this not be the case the fee will be \$35 for a single session and \$50 for a couple.

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