



Zen Reflexology

No: _____

CLIENT WAIVER FORM

Please take a moment to read and initial the following information where applicable:

___ I understand that reflexology and acupressure therapies are for stress reduction, relaxation, relief from muscular tension, improvement of circulation and refreshment.

___ If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/stroke 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 service 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 condition 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 or Zen Reflexology part should I forget to do so.

___ I understand that reflexology and acupressure are entirely therapeutic and non-sexual in nature.

___ I understand Male and Female genitalia and woman's breast will not be exposed or massaged at anytime. Swedish massage keeps underwear.

___ I understand that "cupping" will make skin like a bunch of purple Dots (circles) The Dots actually are signs of cupping an ancient chinese healing practice.

___ By signing this release, I hereby waive and release my therapist and Zen Reflexology from any and all liability, past, present and the future relating to reflexology therapy and bodywork.

What are your current massage needs?

Relaxation__ Pain__ Stress__ Headache__ Injury rehabilitation__ Pregnancy__

How much pressure do you prefer?

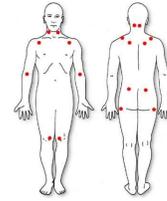
___ Soft ___ Medium ___ Hard

Areas of your body you want MORE massage:

___ head ___ neck ___ back ___ shoulders
___ hips ___ lower backs ___ legs ___ feet

Would you like stretching? ___ Yes ___ No

Areas of your body you do NOT want massage: _____



Please show the Therapist where you are uncomfortable. TH: _____

Schedule to make an appointment

No: _____

Times	Date	Minutes Time/+	\$/+	Signature	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Client

Name: _____ Email _____ Phone: _____

Signature _____ Date _____

6230 Little River Turnpike, Alexandria VA 22312 www.zen-reflexology.com