





**PAR-Q FORM - Please mark YES or NO to the following:**

Have you experienced any of the following conditions?	Yes	No
General (pain, numbness, headaches, infections, fatigue, swelling, altered sensation, sleep disturbances, other)		
Skin Conditions (abrasions/ cuts, rashes, other)		
Muscles and Joints (arthritis, fractures, bursitis, disk problems, osteoporosis, sprains, tendonitis, TMJ, scoliosis, strains, other)		
Current orthopedic injury or recent surgery		
Cardiovascular and Respiratory (anemia, angina, arteriosclerosis, asthma, congestive heart failure, heart attack, heart disease, hypertension, irregular heart beat, varicose veins, blood clots, phlebitis, other)		
Have a pacemaker		
Nervous System (concussion, head injury, stroke, anxiety, depression, other)		
Digestive System (heartburn, gastric reflux, ulcers, bowel problems, gas, urinary tract, other)		
Endocrine (diabetes, thyroid, other)		
Reproductive System (pregnancy, PMS, other)		
Cancer or Tumors (benign, malignant)		
Wear contact lenses		

If you have marked YES to any of the previous questions, please elaborate below:

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Do you take any medications, either prescription or non-prescription, on a regular basis? If so please list name and reason for taking.

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Do you experience stress (chronic or acute)? **YES / NO**

How do you currently manage your stress? \_\_\_\_\_

Research indicates that physical exercise is a great way to combat stress.

Are you interested in a FREE initial consultation/health assessment with one of Empower's professional personal trainers? **YES / NO**

Would you like more information on Empower Personal Training's other ancillary services? **YES / NO**

If yes please check below (mark all that apply):

\_\_\_\_ Personal Training

\_\_\_\_ Nutrition

\_\_\_\_ Classes

**Goals:**

What are your goals with Massage Therapy?

1. \_\_\_\_\_

2. \_\_\_\_\_



## Participant Release and Knowledge of Agreement:

### Draping

The areas, which are customarily draped during treatment, are the gluteal and genital areas for male and female clients, and the breast area for female clients. With the client's permission, the gluteals drape may be temporarily moved in order to treat specific muscular structures in those areas.

I have read and understand this term: \_\_\_\_\_ (initial)

### Billing

I understand that Empower Personal Training accepts payment in full at the time of service. For clients' convenience packages of our services may be purchased on a pre-pay basis. Empower Personal Training accepts cash, checks made payable to Empower Personal Training, LLC, MasterCard or Visa. A \$25 fee will be assessed on returned checks.

I have read and understand this term: \_\_\_\_\_ (initial)

### Cancellation

**I understand that Empower Personal Training operates on a scheduled appointment basis and thus, requires that I provide a 24 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given. Should I cancel a session with less than 24 hours notice, I will be charged in full for that session**

I have read and understand this term: \_\_\_\_\_ (initial)

### Refunds

In the event a Client elects to cancel his/her Massage Therapy Package, the client will be refunded 50% of the value for all unused sessions based on the package purchased. Clients that have not paid in full for their Preferred Personal Training package will be charged 50% of the value of the unused sessions at the time of cancellation.

I have read and understand this term: \_\_\_\_\_ (initial)

## Consent for Massage Therapy:

Therapeutic Massage and Bodywork is the physical manipulation of the soft tissues of the body for therapeutic, educational, or relaxation purposes.



This application may include the use of hands, thumbs, forearms, elbows, and trigger-point tools; with complementary methods of external application of water, heat, and cold.

Moreover, massage sessions are not of a sexual nature. If a client behaves in a sexual manner the session will be terminated immediately and future appointments denied.

It is the client's responsibility to inform the therapist during the session, as soon as possible, of any discomfort, displeasure, or distress they are encountering so that corrective measures are implemented immediately. If you do not wish to complete an appointment once it has started, you have the right to do so, at any time. The same is true for the therapist.

It is understood that the purpose of Massage Therapy is for relaxation and that it is not meant to diagnose or treat any illness, disease, or any other physical or mental disorder, injury, or condition. I have informed my massage therapy practitioner about my state of health and any recommendation or contraindication for Therapeutic Massage.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A Notice from the NC Board of Massage and Bodywork Therapy:**

All unresolved complaints will be heard by the North Carolina Board of Massage & Bodywork Therapy. [www.bmbt.org](http://www.bmbt.org)