

OHANA
Massage Therapy Center
1529 Nicholasville Rd., Suite 2
Lexington, KY 40503
(859) 272-0577

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

E-mail _____

Age _____ DOB _____ Occupation _____

Emergency Contact: Name _____ Phone _____

Who may we thank for your visit today? _____

Present symptoms (*reason for visit*) _____

Are you under the care of a Physician, Chiropractor or Physical Therapist?

If so, for what condition? _____

Are you taking any of the following? Circle all that apply.

Laxatives	Sedatives	Vitamins	Anti-depressants
Sleeping Pills	Hormones	Herbs	Diet Supplements

List any other medications not mentioned above: _____

PLEASE CIRCLE ANY OF THE FOLLOWING IF THEY APPLY TO YOU:

Sinus Trouble	Fibromyalgia	Fainting	Depression
Loss of smell/taste	Asthma	Loss of Balance	Contagious Disease
Touch Deprivation	Dizziness	Loss of Memory	Diabetes
Allergies	Recent Injury	ringing in Ears	Cancer
Headaches	Recent Surgery	Contacts	Pregnant
Anemia	Arthritis	Emotional Trauma	TMJ
High Blood Pressure	Painful Joints	Constipation	Menopausal
Low Blood Pressure	Swollen Joints	Indigestion	Thyroid Problems
Varicose Veins	Numbness	Nervousness	Skin Infection
Blood Clots	Tingling	Inner Tension	Prostate Problems
Heart Problems	Back Pain	Irritability	
Stroke	Disc Problems	Fatigue	

Is there anything else you would like to let us know about your physical or emotional state?

CANCELLATION POLICY: When you schedule an appointment, time is reserved exclusively for you. If you must cancel your appointment, a **24 HOUR** notice is required in order **NOT** to be charged for the appointment.

ALL MESSAGES GIVEN ARE THERAPEUTIC ONLY. THEY ARE COMPLETELY NON-SEXUAL.

Signature _____ Date _____

Please sign the bottom of the following page.

OHANA POLICIES

CANCELLATIONS:

Our time together is important.

Unless there is an emergency, we request that you cancel your appointment 24 hours in advance or pay the missed appointment fee in full.

TARDINESS:

We request that you arrive 5 minutes early for your appointment. In order for us to uphold our professional standards of being “on time,” we regret that we cannot give you additional time if you arrive late for your appointment. If for any reason *we* are late starting your appointment, you will receive the full scheduled time.

****We allow 15 minutes for a late appointment. If after 15 minutes you have not called to let us know you are arriving late, we reserve the right to give the time slot to another client and you will be charged the full missed appointment fee.****

GIFT CERTIFICATES:

All gift certificates expire 6 months from the date of issue. Appointments must be made on or before the expiration date. No exceptions will be made. Missed appointments void 100% of the gift certificate.

SPA SERVICES:

A 50% deposit is due at the time a spa service is scheduled. The deposit will be refunded if the appointment is cancelled within 24 hours. If the appointment is cancelled the same day the deposit is forfeited. Missed appointments will be charged the full amount.

RETURNED CHECKS:

We charge a \$25 fee on all returned checks.

Signature

Date