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| ***Private & Confidential Client Record Card: Pregnancy /Inducement/ Post Partum Massage Treatments***  Massage is the manipulation of muscle and connective tissue to optimise function, stimulate lymphatic drainage and blood circulation, aid healing, bring about relaxation and well-being, and promote the natural healing potential of the body. It may be applied with the hands, fingers, elbows, and forearm. As a massage practitioner I use massage and many other different mediums to assist the body to stay balanced and promote its own ability to heal itself. Here, all our massages are performed lying on a massage table or sitting in a massage chair. The client may be partially unclothed and all parts of the body not being worked on will be covered by towels or sheets. Massage practitioners are not medical doctors and may not diagnose, prescribe or alter any current medication being taken by their clients. I am not a medical doctor. If you have a serious or specific medical problem, you are advised to seek medical intervention. | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | |
| **E-mail:** | | | | | | | | | | | | | | |
| **Telephone:** | | | | **Cellular number:** | | | | | | | | | | |
| Date of Birth: | | | | | | Current Age: | | | | Occupation: | | | | |
| Emergency contact person: Name & Numbers | | | | | | | | | | | | | | |
| Status | **√** | **Children** | Age | | **Bowel movement** | | **√** | | **General diet** | | | **√** | **Daily Posture** | **√** |
| Single |  |  |  | | Good (every day) | |  | | Good (fruit/water/ proteins) | | |  | Extremely Physical |  |
| Married |  |  |  | | Fair (every second) | |  | | Fair (irregular eater) | | |  | Physical |  |
| Divorced |  |  |  | | Poor (once a week) | |  | | Poor (junk food) | | |  | Non Physical |  |
| Widowed |  |  |  | |  | |  | | **Labour/Births** | | | **√** | **Menstrual cycle** | **√** |
| Gynaecologist / midwife: | | | Telephone number: | | | | | | Caesarean | | |  | Regular date |  |
| Normal | | |  | Irregular date |  |
| Pregnant – Due date?  Number of weeks: | | | | | | | | | Fertility: IUI/IVF/ XCI | | | | | |
| ***Medical History (mark if applicable)*** | | | | | | | | | | | | | | |
| Any abnormal growths (e.g. cancers or tumours) &/or radio/chemotherapy  (within 6 months) (medical permission granted) | | | | | | | |  | | |  | | |  |
| Allergies (name)--> | | | | | | | |  | | | Irregular menstrual cycles | | |  |
| Hormonal problems | | | | | | | |  | | | Irregular ovulation | | |  |
| Painful periods and ovulation | | | | | | | |  | | | Difficult obtaining and maintaining pregnancies | | |  |
| Bladder or yeast infections | | | | | | | |  | | | Peri menopause, menopausal symptoms | | |  |
| Endometriosis | | | | | | | |  | | | Uterine fibroids | | |  |
| PMS/Depression with menstruation | | | | | | | |  | | | Miscarriages | | |  |
| Ovarian cysts | | | | | | | |  | | | Migraines/headaches | | |  |
| Abnormal uterine bleeding | | | | | | | |  | | | Spastic colon/other gastric conditions | | |  |
| Anaesthetics (local or general within 6 months) | | | | | | | |  | | | Swollen or bruised areas | | |  |
| Dental implants | | | | | | | |  | | | Kidney ailments (please indicate) | | |  |
| Asthma | | | | | | | |  | | | Liver ailments (please indicate) | | |  |
| Blood pressure – high or low (indicate) | | | | | | | |  | | |  | | |  |
| Broken bones, brittle bones, osteoporosis/dislocation (indicate) | | | | | | | |  | | |  | | |  |
| Circulation problems (diabetic, slow healers) | | | | | | | |  | | | Metal plates/pins | | |  |
| Contact lenses | | | | | | | |  | | | Nervous disorders | | |  |
| Acute inflammation e.g. cuts, abrasions, scars, delicate skin. | | | | | | | |  | | | Respiratory ailments | | |  |
| Hyper-sensitive skin caused by wind, sun, cold, chemicals. | | | | | | | |  | | | Rheumatism or arthritis (indicate) | | |  |
| Cardiac (heart) problems/conditions | | | | | | | |  | | | Skin conditions, e.g. psoriasis, eczema, dermatitis etc | | |  |
| Diabetes (slow healer, cold hands/feet, leg ulcers | | | | | | | |  | | | Recent or old injuries currently being treated | | |  |
| Eating disorders | | | | | | | |  | | | X-ray | | |  |
| Epilepsy | | | | | | | |  | | | Numbness | | |  |
| Hearing aids | | | | | | | |  | | | Tattoos/permanent make-up | | |  |
| Varicose veins, thrombosis or any other circulatory disease | | | | | | | |  | | | Thyroid issues/ailments/diseases | | |  |
| Recent/current Head Injuries | | | | | | | |  | | | Heartburn | | |  |
| Wounds or Unhealed Scars/internal injuries | | | | | | | |  | | | Severe bladder or kidney infections | | |  |
| Glandular Obesity | | | | | | | |  | | | Muscle spasms | | |  |
| Lymphatic disorders | | | | | | | |  | | | Muscular/skeletal pain (indicate) | | |  |
| Injury-related loss of motion  (indicate gradual or sudden onset) | | | | | | | |  | | | Muscles warm to touch | | |  |
| I have read and understood the above and I am receiving all massage treatments at my own request. I hereby sign that the above information is true and correct. I fully indemnify the practioner performing any massage treatment on me for the year following the date of this document. I grant The Massage Specialist permission to send me correspondence until such time as I unsubscribe. Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |

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| Daily medication: |
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| Herbal & Nutritional supplements: |
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| **Any other medical history (any illness, condition, accident or operation in the past 2 years)** |
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| **Please let us know about any other information here that you feel is relevant to your treatment.**  e.g. claustrophobia, nut allergies etc. |
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| **Fertility/Pregnancy or Labour issues:** |
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I have read and understood the above and I am receiving all massage treatments at my own request.

I hereby sign that the above information is true and correct. I fully indemnify the practitioner performing any massage treatment on me. I understand that this document is valid for any massage treatment for the year following the date of this document.

I would NOT like The Massage Specialist KZN to send me correspondence, including special offers etc.

I would like The Massage Specialist KZN to send me correspondence, including special offers etc, until such time as I chose

to unsubscribe.

Please be assured that all email addresses given to us are never shared, or sold. We do use these addresses for our own electronic correspondence purposes, but only with your consent. If you choose not to receive email from us please let us know, and we will happily remove your address from our email list.

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

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Type of Massage** | Oils used | **Observations; Comments & sign** |
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The Massage Specialist Private & Confidential Record Card

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| **The Massage Specialist Terms & Conditions of Business**  **General**  1. *The Massage Specialist*conforms to the regulations as set out by the new Consumer Protection Act (CPA) and is thereby obliged to advise clients of our Terms & Conditions of Business.  2. *The Massage Specialist*operates on a strictly COD basis. All treatments and purchases must be paid immediately.  3. Any appointment not cancelled 24 hours prior to the scheduled treatment will incur charges on a sliding scale with a minimum of 80% and a maximum of 100%. Another person may be sent to receive treatment in place of the original client at the informed discretion of *The Massage Specialist.*  4. Clients late to arrive for their appointments must pay the full price for the session. I will attempt to accommodate you depending on my schedule but time lost will not result in a reduction of the set fee. It will result in an adjustment of the treatment you will receive.  5. If a client misses an appointment without notice, I reserve the right to decline any future appointment requests.  6. Treatments are never postponed unless the therapist or locum is physically unavailable or unable to administer the treatment.  7. At all times, I reserve the right to decline appointments.  8. *The Massage Specialist*reserves the right to increase prices without prior notice.  9. *Any and all*Cautionary measures that need to be taken concerning treatments will be explained in detail.  Should you have any questions or require more information please discuss with your therapist prior to treatment.  10. While every care is taken to provide a safe environment for you -the client- and our therapists, we cannot be held responsible for circumstances beyond our control:   * Please take care when entering the studio and/or premises, especially when raining or the surface is wet. * Please inform us should you have any medical condition, metal pins or plates or are taking any medication; failure to do so could have possible adverse effects with regards to treatments and products. * Please do not touch equipment or professional products without the supervision of your therapist, as they could pose potential harm in inexperienced hands. * Unstable power can cause inconvenience with scheduled treatments and in rare cases even mild shocks if a power surge occurs during electrical treatments. * We cannot be held responsible for crime-related incidents beyond our control; please ensure that you do not bring large sums of money or jewellery with you for your appointment. * Please wait for assistance from your therapist before sitting on any chairs or massage beds or getting up from them to prevent accidents.   **Retail Terms**  1. *The Massage Specialist*relies exclusively on the information provided by the manufacturers of the Retail products sold. Information provided is from the product testing done and in some cases clinical trials by the ingredient manufacturers.  2. *The Massage Specialist*does not warrant that any products will give the same results for different people, as every individual’s skin and physiology is different.  3. *The Massage Specialist*will refund any goods (except those which were ordered specifically for the client), which are returned in unopened, undamaged packaging, in a merchandisable (sellable) condition, provided the goods are returned to the Salon within 5 days of original purchase date.  4. If a refund is considered, it will be executed via electronic transfer in to the client’s banking account.  5. Any product that has faulted, as determined by the manufacturers, will be replaced or refunded.  6. Allergic reactions to ingredients in the product cannot be considered a product fault and will not be replaced or refunded. (Please advise your therapist beforehand if you have any ingredient allergies so she does not prescribe a product containing allergens).  7. Retail products have an unopened shelf life and an opened shelf-life; please check with your therapist prior to purchase.  All products should always be kept in a cool place and away from direct or indirect sunlight.  **Gift Vouchers, Coupons, Loyalty Programmes & Marketing**   * *The Massage Specialist prepaid treatments* are valid from date of purchase. * *The Massage Specialist prepaid treatments* will be for a monetary value only. This may then be redeemed off any treatment. * *Loyalty Programmes Terms are restricted to an individual and may not be shared amongst more than one individual; they are also only valid for 12 (twelve) months from date of inception, during which the reward must be redeemed, before expiring.* * *The Massage Specialist requires all clients to sign that they may be contacted by The Massage Specialist to inform them of our specials (Mini-Mag / Mail shots) as well as any events occurring at The Massage Specialist. Clients have the right to unsubscribe whenever they wish.* * *The Massage Specialist ensures the confidentiality of all client information at all times.*   I have read and understood the terms & conditions of business under which *The Massage Specialist*operates.    Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |