



FLOW MASSAGE, INC.
1213 Laskin Rd., Suite 106, Virginia Beach, VA 23451
757-620-0510 • Audrey Ramos, CMT, BCTMB

PLEASE FILL OUT ALL INFORMATION AS ACCURATELY AND THOROUGHLY AS POSSIBLE. IT IS BETTER THAT YOU GIVE ME WHAT YOU CONSIDER TOO MUCH INFORMATION, RATHER THAN NOT GIVE ME ENOUGH INFORMATION.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

WK PHONE: (____) _____ HM: (____) _____ CELL: (____) _____

EMAIL/URL: _____

EMERGENCY CONTACT AND THEIR RELATIONSHIP TO YOU: NUMBER: (____) _____

WERE YOU REFERRED BY ANYONE? _____ OTHER: _____

EVER RECEIVED MESSAGE OR BODYWORK BEFORE? (IF YES, HOW LONG AGO & HOW WAS IT?)

WHAT IS YOUR GOAL FOR MASSAGE TODAY?

WOULD YOU LIKE ME TO FOCUS ON OR STAY AWAY FROM ANY SPECIFIC AREA?

ARE YOU CURRENTLY SUFFERING FROM ANY PAIN RELATED TO TRAUMATIC EXPERIENCE (I.E., CAR ACCIDENT, SPORTS INJURY, SURGERIES, EMOTIONAL TRAUMA)? Y/N

***PRENATAL MASSAGE MAY BE PERFORMED AT/AFTER AT LEAST 14 WEEKS.**

***POST SURGERY THERAPY MAY BE PERFORMED AT 6 WEEKS POST-OP.**

ANY SPECIAL NEEDS THAT YOUR THERAPIST NEEDS TO KNOW ABOUT IN ORDER TO BETTER

SERVE YOU? Y/N _____

ARE YOU CURRENTLY TAKING ANY MEDICATIONS OR SUPPLEMENTS (PRESCRIPTIONS AND

OTC)? Y/N: IF YES, PLEASE LIST:

FLOW MASSAGE

Benefits of cupping:

- Detox; removal of toxins and lactic acid build up
- Increased lymphatic drainage
- Adhesion; separation of superficial epidermis, fascia, and superficial muscle tissue
- Minimize appearance of scars, dimpling, cellulite
- Increased range of motion
- Trigger point release
- Increased oxygenated blood flow to specific areas
- Increased overall circulation

Benefits of guasha:

- Adhesion; separation of superficial epidermis, fascia, and superficial muscle tissue
- Minimize or eliminate scar tissue build up
- Increased circulation to targeted area

Benefits of massage and hot stone massage:

- Relaxation
- Recovery of tight sore muscles
- Increased oxygenated blood flow to tissues
- Increased flexibility, range of motion
- Sedates the central nervous system
- Increased circulation, libido, restful sleep, immunity, lifespan

CUPPING, GUASHA AND HOT STONE SERVICES MAY LEAVE TEMPORARY SUPERFICIAL MARKING OF THE SKIN. DO YOU AGREE TO CUPPING, GUASHA AND HOT STONES IF INDICATED DURING THE SERVICE? YES _____ NO _____

DEHYDRATION CAN CAUSE THE FOLLOWING SYMPTOMS DURING AND AFTER MASSAGE: DIZZINESS, HEADACHE, TENDERNESS, STIFFNESS IN JOINT AND MUSCLE TISSUES. ADEQUATE WATER CONSUMPTION CAN BE AVERAGED BY DIVIDING YOUR WEIGHT IN HALF AND DRINKING THAT MANY OUNCES OF WATER PER DAY. IT IS CRUCIAL THAT ADDITIONAL WATER IS CONSUMED BEFORE AND AFTER MASSAGE. ARE YOU ADEQUATELY HYDRATED TODAY? YES _____ NO _____

THE PRODUCTS I USE ARE NATURAL NON-TOXIC PRODUCTS. PLEASE LET ME KNOW IF YOU ARE SENSITIVE TO PLANTS OR NUTS.

Rates: \$70 Hour - \$100 90 Min. - \$130 2 Hours

Prepaid discounted package rates: \$300 5 Hrs - \$550 10 Hrs

*Prepaid discounted packages may be purchased by individuals who schedule regular weekly, bi-monthly, and monthly maintenance appointments.

Military and senior citizens receive an additional 10% off of prepaid discounted packages. Individual sessions do not receive an additional discount.

*\$270 5 Hrs - \$495 10 Hrs

HEALTH INFORMATION

DO YOU HAVE OR ARE YOU EXPERIENCING ANY OF THE FOLLOWING?
(PLEASE CIRCLE Y=YES OR N=NO):

SMOKER? Y / N PREGNANT? Y / N CONTAGIOUS DISEASE? Y / N
HIGH/LOW BLOOD PRESSURE? Y / N ALLERGIES? Y / N EPILEPSY? Y / N
HEART CONDITIONS? Y / N SEIZURES? Y / N DIABETIC? Y / N
FREQUENT HEADACHES? Y / N VARICOSE VEINS? Y / N CANCER? Y / N NAUSEA? Y / N
DEMENTIA? Y / N ECZEMA/PSORIASIS? Y / N GOUT? Y / N
EDEMA? Y / N PROSTHETICS? Y / N NUTS/BOLTS/SCREWS/PLATES? Y / N

DO YOU CURRENTLY OR HAVE YOU EVER HAD A VIRAL OR CONTAGIOUS OUTBREAK ON A **NON-GENITAL AREA**? SHINGLES Y / N HERPES Y / N WARTS Y / N OTHER: _____

DO YOU HAVE ANY CONDITIONS THAT MAY REQUIRE A DOCTOR’S NOTE? Y / N IF YES, CURRENT PHYSICIAN’S NAME AND NUMBER: _____

I understand that unanticipated events occur occasionally. In order to be effective and fair to all clients, please be mindful of and honor the following policies. Please read and initial each one below.

Cancellation of an Appointment

12-hour advance notice is required when cancelling an appointment. This allows someone else to schedule an appointment. If you are unable to give a 12-hour notice you will be charged a \$25 service fee. If you cancel within a two-hour window of the appointment time, you may be charged for the scheduled service. _____

Late Arrivals: If you arrive late, your session may be shortened in order to accommodate others. The appointment may be rescheduled if the therapist is unable to provide scheduled service within the remaining time. You are responsible for the full fee for scheduled service. _____

No Show Policy: Anyone who either forgets or chooses to forgo their appointment time for whatever reason will be considered a no-show and will be charged for the scheduled service. _____

The first time there is a “no-show”, late cancellation, or cancellation without a reasonable excuse there will be no charge to the patient. A 2nd occurrence will result in a fee for the scheduled service. _____

I ATTEST THAT THE ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____