



Guest Registration Form

Welcome to The Lazy Frog! If this is your first time visiting us, we need to gather a little information about you. This helps us to ensure your safety and to deliver the right massage therapy for you.

Your contact information:

Name:	
Phone:	
Email:	

Emergency contact information (just in case):

Name:	
Phone:	
Relationship:	

Medical information:

Do you have any allergies or sensitivities? yes no

If yes, please provide details: _____

Do you have any orthopaedic injuries? yes no

If yes, please provide details: _____

Do you have any chronic pain? yes no

If yes, please provide details: _____

Are you currently pregnant? yes no

If yes, how many months & list any risk factors: _____

Please indicated if you are affected by any of the following:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Joint replacement |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Kidney dysfunction |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Numbness/weakness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Sprains/strains |

Please turn over and complete the other side...



Guest Declaration:

Please read the following declaration, tick the boxes to acknowledge that you have read each statement, then sign and date underneath:

- I understand that massage therapy is provided for stress reduction, relaxation, and relief from muscular tension.
- I accept responsibility for informing my therapist about the level of pressure I find comfortable, and that if I ask for a firmer pressure than advised, I do so at my own risk.
- I understand that the services I receive are not a substitute for medical care, that my therapist will not perform spinal or skeletal adjustments, and no diagnosis will be made, or medical advice given.
- I confirm that I have completed this form to the best of my knowledge, and that I have disclosed any relevant medical conditions, injuries, aches & pains, etc.
- I agree that I will inform The Lazy Frog of any relevant changes in my health or medical condition during this or future sessions.
- I understand that I may be asked to obtain a note from my GP to confirm that it is safe for me to receive a massage.
- I understand that massage is entirely therapeutic and non-sexual in nature.
- I hereby release and hold harmless The Lazy Frog and their therapists from all liability relating to the services I receive if I fail to comply with the above.

Guest name: _____

Guest signature: _____

Date: _____