



Confidential Health Intake & Consent Form

Name _____ Date of Birth _____

Street Address/Apt Number _____

City _____ State _____ Zip _____

Contact Phone Number _____

Emergency Contact Name & Phone Number _____

Medical History and Information

Have you ever received professional massage or bodywork before? Yes No

Are you Pregnant? Yes* No; If Yes how many weeks? _____

Any Complications/risks associated with your pregnancy? _____

(*Some women may require a Dr. Approval before receiving massage while Pregnant)

Check any or all that apply to your present health:

- | | | |
|-----------------------------|--------------------------|------------------------|
| ___ headaches | ___ chronic pain | ___ varicose veins |
| ___ vision problems | ___ muscle or joint pain | ___ blood clots |
| ___ sinus problems | ___ numbness/tingling | ___ high/low blood |
| ___ jaw pain/teeth grinding | ___ sprains/strains | ___ diabetes |
| ___ fatigue | ___ scoliosis | ___ cancer/tumors |
| ___ depression | ___ arthritis | ___ infectious disease |

List all medications:

List previous major injuries/surgeries:

What areas have the most tension?



Body.

Mind.

Soul.

Spa Policies:

Arrival:

Please arrive for your appointment(s) 10-15 minutes prior to the scheduled starting time. This allows you the time to fill out the appropriate client form, change and prepare for the service. All services offered have a specific time schedule, and early arrival allows for a relaxed and unhurried experience. If late arrival is inevitable, your service(s) may be shortened in order to maintain our schedule.

Late Arrivals:

Please note that a late arrival will determine the length of your treatment. Your service will end at the scheduled time so the next guest is not delayed and the full treatment price will be charged.

Cancellations:

We have a 24-hour cancellation policy. Should you need to cancel or reschedule your appointment, please notify us at least 24 hours in advance when possible. We understand that unanticipated events occur in everyone's life. One half of the treatment price will be charged for cancellations and/or changes made within four hours of the appointment time. No-shows are charged in full.

Massage Consent:

** I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.*

- I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of.

- I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing done or said in the course of the session given should be construed as such.

- Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I have read the cancellation Policy.

*-***Pregnancy Massage** May require a Dr. Consent before receiving bodywork. I do not offer massage during the first trimester. Before initiating prenatal massage, consult your obstetrician, especially if you are high-risk. While massage is a safe treatment, there are certain conditions that require your physician's approval and careful monitoring by the therapist. Notify your therapist immediately of any changes in your physical health, and consult your obstetrician about continuing the treatments should complications arise. _____ [initial]*

Signature _____ **Date** _____

Therapist Signature _____ **Date** _____