



## CLIENT INFORMATION FORM FOR THERAPUTIC MASSAGE/BODY TREATMENT

Spa etiquette- *thank you for your cooperation.*

- Cell phone usage is not permitted in the Spa waiting area or treatment rooms.
- Please speak softly while in Spa waiting area or treatment rooms. Be conscious of other clients receiving services.
- Children and babies are not allowed in Spa waiting areas or treatment rooms.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever had a professional;

Massage \_\_\_\_ Body Treatment \_\_\_\_ Mud Wrap \_\_\_\_ Body Scrub \_\_\_\_

What type of pressure do you prefer? Light \_\_\_\_ Medium \_\_\_\_ Firm \_\_\_\_

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/body treatments may be contraindicated. A referral from your primary care provider may be required prior to any services being provided.

Do you have any of the following symptoms/conditions today?

Skin Rash \_\_\_\_ Cold/Flu \_\_\_\_ Open Cuts \_\_\_\_ Severe Pain \_\_\_\_ Injuries/Bruises \_\_\_\_

Anything Contagious \_\_\_\_

Please check any of the following that pertain to you recently or in the past 2 years...

Acne \_\_\_\_ Back Pain \_\_\_\_ Acute Injury \_\_\_\_ Blood Clots \_\_\_\_ Warts \_\_\_\_

Athletes Foot \_\_\_\_ Bruise Easily \_\_\_\_ Diabetes \_\_\_\_ Aneurysms \_\_\_\_ Heart Issues \_\_\_\_

Implants \_\_\_\_ Eczema \_\_\_\_ Herpes Simplex \_\_\_\_ Fibromyalgia \_\_\_\_ Psoriasis \_\_\_\_

Hepatitis/HIV \_\_\_\_ Recent Surgery \_\_\_\_ Rosacea \_\_\_\_ Tumors/Cist \_\_\_\_ High Blood Pressure \_\_\_\_

Skin Disease \_\_\_\_ Spinal Problems \_\_\_\_ Seizures \_\_\_\_ Varicose Veins \_\_\_\_ Allergies \_\_\_\_

Please list any other chronic illnesses that are not listed: \_\_\_\_\_

Are you pregnant? Yes \_\_\_\_ No \_\_\_\_ If you are, is it a normal low risk pregnancy? Yes \_\_\_\_ No \_\_\_\_

Do you wear contact lenses? Yes \_\_\_\_ No \_\_\_\_ Hearing Aids? Yes \_\_\_\_ No \_\_\_\_

Dentures? Yes \_\_\_\_ No \_\_\_\_ Hair Pieces? Yes \_\_\_\_ No \_\_\_\_

I understand that the massage/body treatment I receive is provided for the basic purpose of relaxation, stress reduction and increased circulation. I will inform the therapist if the pressure of the massage is too much or not enough, so that the pressure may be adjusted to my level of comfort.

I understand that massage should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician or other qualified medical specialist. I further understand that massage therapists are not qualified to perform spinal or skeletal adjustments.

**Important:** Because massage/body treatments should not be performed under certain medical conditions I affirm that I have stated all my known medical conditions and have answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

I understand that any inappropriate or sexually suggestive remarks or advances made by me will result in an immediate termination of the session and I will be liable for payment of the scheduled appointment.

All information is confidential and is only used to provide me with the best possible service.

Hydration is essential after all treatments. I understand that I must drink plenty of water after a treatment and throughout the day.

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_