

Client Information and Consultation Form

Name: _____ Today's Date: _____
Last First MI MM/DD/YY

Address: _____
Street Apt.# City ST Zip

Phone: _____ Home / Work / Cell _____ Home / Work / Cell

Email: _____

May we send you our email newsletter? YES NO

Occupation: _____

Date of Birth: _____ Emergency Contact: _____
Name Phone #

Reason for Appointment: _____

How did you hear about us? Haven Spa Website Yelp Referred by _____
If a friend referred you, please let us know who they are so we may thank them with our referral bonus!

Have you had a professional massage before? YES NO If yes, how long ago? _____

Do you have any of the following medical concerns or considerations?

SKIN PROBLEMS	ARTHRITIS	VARICOSE VEINS
BLOOD CLOTS	DIABETES	CIRCULATION DISORDERS
SEIZURES	HIGH or LOW BLOOD PRESSURE	CONTAGIOUS DISEASE

Are you currently taking any medications? YES NO

If yes, for what conditions? _____

Do you have any allergies or sensitivities to lotions or oils? YES NO

If yes, please list: _____

Could you be pregnant? YES NO If yes, how far along are you? _____

In the past 2 years have you had any major illness, injury, or surgery? YES NO
If so, what illness, injury, or surgery did you have? _____

Have you been treated for cancer? YES NO

If yes, please complete the following. If no, continue to the back.

What type? _____ Treatment plan? _____

Any lymph nodes removed? YES NO If yes, where? _____

OVER→

Your service will consist of massage to the:

(Please **circle** what you want to have focused on. "**X**" out what you want to avoid.)

SHOULDERS	LOW BACK	NECK	HANDS	FACE
MID-BACK	LEGS	ARMS	FEET	SCALP

Gluteal work will only be done over the sheet.

If you would like to have an abdominal massage, please initial here: _____

Abdominal work will only be provided with breast draping.

*****TO BE COMPLETED BY THE MASSAGE THERAPIST*****

The following type(s) of massage techniques will be used in the therapy session:

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Swedish | <input type="checkbox"/> Trigger Point | <input type="checkbox"/> Hot Stone |
| <input type="checkbox"/> Stretching | <input type="checkbox"/> Deep Tissue | <input type="checkbox"/> Myofascial |
| <input type="checkbox"/> Reflexology | <input type="checkbox"/> Reiki | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Sports | |
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As the client, you are aware that draping will be used during the massage session. Breast massage will not be conducted. Your feedback is an essential element to your treatment. Therefore, if at any time you should be uncomfortable during the massage, you may bring it to your therapist's attention. You may request to end your service at any time. If the Massage Therapist feels it is appropriate, they too may terminate the service at any time.

If you are unable to keep an appointment, you understand that 24 hours is required, otherwise, you will be charged for the time reserved.

If, at any time, there are changes in the information given or in your condition, you will notify your therapist, and update this form before receiving additional massages.

The massage treatment given is for the sole purpose of stress reduction, relief from muscle tension or spasm, and to increase circulation and energy flow.

The Massage Therapist does not diagnose or prescribe for medical illness, disease, or any other physical or mental disorder.

The Massage Therapist does not do spinal manipulations. Massage Therapy is not a substitute for medical examination or diagnosis. It is recommended that a physician be seen for any ailment you may have.

It is your responsibility as the client to explain and discuss all physical conditions with the Massage Therapist so that they may do their job. Your Massage Therapist is an independent professional and is solely responsible for your treatment.

By signing below you are verifying that you have read and fully understand this form in its entirety.

Client Signature

Massage Therapist Signature