![A close up of a logo

Description automatically generated](data:image/jpeg;base64,/9j/4AAQSkZJRgABAQEAXwBfAAD/4RFGRXhpZgAATU0AKgAAAAgACwEaAAUAAAABAAAIngEbAAUAAAABAAAIpgEoAAMAAAABAAIAAAExAAIAAAAQAAAIrgMBAAUAAAABAAAIvgMDAAEAAAABAAAAAFEQAAEAAAABAQAAAFERAAQAAAABAAAOw1ESAAQAAAABAAAOw4dpAAQAAAABAAAIxuocAAcAAAgMAAAAkgAAAAAc6gAAAAgAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAABdvIAAAPoAAF28gAAA+hwYWludC5uZXQgNC4wLjUAAAGGoAAAsY8ABZADAAIAAAAUAAARFJAEAAIAAAAUAAARKJKRAAIAAAADMDAAAJKSAAIAAAADMDAAAOocAAcAAAgMAAAJCAAAAAAc6gAAAAgAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA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d0t4I1aaWSVgXdmO1XM93a9r6X3t0v5n6xRdZ0aTxEaUMQ6VN14UZzqUY1nBe1jSqTp0p1KUZ8ypznSpylBKUqcG3FFFFFI1CiiigAooooA/Er9q/Tv+CgnhT4+r+1D8NfCS3vhHwdZax4K8L+DNDntfGuoWvgSPUlbVLrxh4Q09vtN3H49utOg8S3E/hee+1PRtLi0G11G/0jUdDjaHqfhX/wWE+GGoo+k/HH4feKvhr4jsiYLy70GFvFGgyXMJCTiaymXTPEejT7y22waw1kRBHWXUd+1W/YyvL/AB78Evg98Ud5+Ivwv8B+NJ2iEIvvEfhXRtT1OGMDaotdVubN9SsyqkhHtbqF0BIVgCa7Y4ihOEYYjDp8i5YVKMnCainezTupvfWT6922fgGN8LPEHIc7zfiHw48Usbhp59j6ua5xw1xzltDiLIMZmVaEKc8RhK+D/s7G5JT9nSoU1Qy+m4+zpUqMZRw9GjQh8pN/wU+/YnWxS8Hxcu2lcN/xLl+HvxJ+3IygEo+fCS2an5lCv9sMLkkJIxSTZ8S/tD/8FQJvi/o+r/BL9lD4f+N9d8T+PLe88LJ4ru9MYaw9jqMEltqH/CGeFdKfUtUlvbuxknSDV9Tk02fR08y8GlmaOK4tv0RP/BP39jc3Ju/+FDeE/NOMoLvxGLbht4xZDWxZrzwdsA3L8jZT5a+g/APwk+FvwstZbP4bfDvwZ4GhuFC3R8LeG9J0We92kFWv7qxtYbq/cYAEl5NPIAqjdhVAaqYGm1OFGvVktVGtOCgn0fuK8kuz0ez305Mfwr9InivDVcmz/jjw74SyfGU5YbMMdwJkefYvPsRg6sHTxNHD1uIcZ9Xy+tiKTnCOLw1q+FlP2tHmlBJ/HX/BOr9k/Wf2YPhPq8vjdbeL4lfEq/03WvFVhazRXMXh/TtJtrqHw74aku4C8F5facNS1a81K4tpJLRL7VZ7K0luYLNL27/QiiiuWrVnWqTqz1lN3dttrJLfRJJLV6I/ZeD+E8n4G4ZybhPIKM6OU5JhFhcLGrNVK9RyqTr4jE4ioowjPE4zFVq+LxM4QpwlXrVHCnTg4wiV/P5/wWs1XTbjxP8As/6PBf2k2q6Zo3xFvNR0+OeN7yxtdVu/Bkem3F1ArGSCK+fTb8WrSKom+yTlMiMmv6A68i8Sfs//AAG8Z63feJfGHwS+EXivxHqjQvqfiDxJ8NvBuu63qL21tDZ27X2q6pot1f3bQWdtb2kLXE8hitoIYEKxRIq64SvHD141ZRlJRUrKNtXJcut+iTb9Ul5nx/jTwHmnib4e5vwTlWOwGW1c5xGVuvj8wjiKlPD4fLcywuat0qOGhKVWtVrYGhQUZypwjSq1anM5whCez8I9d0fxL8Lfh3rmgalZ6tpGo+C/DU9nf2E8dzbTp/Y9mrBZYmZRJFIrwzxEiSCZJIZVSWN1Holc74V8IeE/Aui2/hvwR4X8O+DvDtpJcS2mg+FdE03w9otrLdzvc3UtvpekW1nYwyXNzJJcXDxwK008jyyFpGZj0Vc8mnJuN7Nu197X0vbS5+j5ZSxVDLcvoY32DxlDBYWji3hXUeGeIpUIQrPDurGNX2LqRk6XtIqooOKn71wooopHcFcl468deFfhr4S13xx411my0Hw14c0661PU9Rvpo4UWG1hebyLdZHQ3V9c7PIsbGDfc3t08VtbRyTSIh62uO8afDz4f/EiwtdK+Ifgbwd490uxvBqFlpvjTwzovimws78Qy2wvrWz1yyvre3vBbzzwC5ijSYQzSxB9kjqajy8y578t1zcu9utr6X/LzOLMf7R+oYtZT9T/tN0KiwLzB1lgo4lq1KeK+rxnXlRpyfPOnSUZ1VH2aqUub2sPw1/4J6Wz/ALVH7ZHxo/an8by2733hNl1Lwx4euLiKe50678XLqWgeGhFCzM8th4P8G6NdaMk5iVf7QutNvI5RcQsD+/deXeEfgf8ABX4f6v8A2/4C+EHwu8Ea99lmsf7b8I/D/wAJ+G9X+xXJja4tP7S0bSbK8+y3DRRGa387ypTHGXRii49RrfFV1XqKUU4wjCEIQdvcjGKVlbpe76b7H5z4QcA47w74TrZRnGNwmb5/mOe51xBn+e4VVo/23meb4yWInjsRTr04TpV44dYfBypqVSDjhYVVNOrKnAr+e/8A4Kv/AA0u/hJ8a/hX+1B4Cu49G1zxHe2SajLbtGlzbeO/h8dPvPD/AIhWFmDz/btHjs7G4CIYI28Oxm5PmaiPM/oQrzjxp8HPhF8SL601P4ifCv4cePdSsLT7BY6j408D+GPFN9ZWPnSXH2K0u9c0u+uLe0+0TSz/AGeGRIfOlkl2b3ZiYSv9XrKo05RcZRnFW96Mltrpuk/kLxk8O5+J/A+L4ZwuIw+X5rHH5ZmmS5viJV4/2NmWX4qFWOPo/V4Tqus8JLF4RRi6b5MVNqrCUYyOX/Z5+OvhD9oj4V+FviT4Uv7GR9V0uzPiPRLe6jnvfCviRYgmsaBqcG77Tby2V9HcJaSXMUQ1HTxbana+ZZ3cErlbvhz4G/BTwd9s/wCER+D3wt8K/wBo/Z/7Q/4Rz4feE9D+3/Y/P+yfbP7M0i1+1fZftVz9n8/f5H2ify9vnSbisp+zcpOHOoN+6pJNpdm+ZXtqr2V7La+n2eRx4nw+UZdQz95Rjs5o4SlRzHG4CvisNhMZiqceSpi6OGq4GpPDrE8qrSoe0qRoznKnCpOEYyfqVFFFZn0IUUUUAFFFFAH5G/8ABSr/AII0fsuf8FIpPDXxH1y78V/s+/tafDR7O++D/wC2B8DbpPC/xj8Fano0hvPD0Gs31m9k3jbw3o2prDfWGl6je2OuaGwu/wDhCfFfg+51PUby5+O/BX7XP/BYX/gnUNK+Hf7f37Jutf8ABRH4DaBbpp2n/tx/sGaS3iH4zDQ7JhHb6x8cf2U7v7B4g1DXYrGRbzxR4h+HZstC02z0+4khPjTVpbm/n/o2ooA/Jf4Nf8F0v+CT3xt1CXQNG/bU+FHw68Y2j/Z9U8CftDTa1+zV4x0nUlQNNpF3ovx40n4fPcanATtaHSptRinIL2c9zCVkb7o8P/tZfsseLLb7Z4V/aX/Z/wDEtnsST7V4f+Mvw61m22SKrxv5+neI7mLZIjK6Nuw6srKSCDWz8WP2cP2ePj3DDb/HP4C/Bj40W9tA9rbwfFj4XeB/iLDBbSEs9vDF4w0LWEigdiWeFFWNiSSpNfz/APxr/wCCcv8AwT10r4h61ZaX+wh+xpptlFIRFaWH7L/wRs7WMedOMR29v4HjiTgAfKg4AHYUAftZ41/4KBfsH/Dexu9S8f8A7af7J/gyysY2lupvE37Q/wAJNG8tVRZNix33i6CaWd1kj8m3hjkuJ3lijgikkljVvz+8Y/8ABwf/AME4I7nUvDX7O3ij40/t2fE+xfyoPhR+xF+z78Vvjt4n1GZyywi18Q2PhzR/hkscsi7VkufHsLPGTPDHNEpavo79nz/gm3/wTs8OaNF4l8PfsD/sW6F4jg1K4SDX9G/ZZ+Bul61CiQ2cipFqtj4Fgvo1VyXVUnADksBk5r9FtB8O+H/Cul22h+F9C0fw3otmCtppGg6ZZaPpdqp6rbafp0FvaQA4GRFCoOKAP5x/Fnxv/wCDg79v2x/sL9mf9mX4Wf8ABJP4Oa0zxXHxx/aw8WaV8W/2nr3QZSqNf+Dfgl4Z0PV9D+HuvmGSaKbQfiRo0t0siLc6X4w0iZIbh/WP2Q/+DeL9kD4IfEuP9pf9q3xX8Rv+Cjv7Yl5Pbanq/wAev2tdTl8Z6TY61b4MFz4K+Fep3ut+HNHtdOdIpPDq+L7/AOIGseFJIY/+EY1zR4Y4oIv34ooAQAKAqgKqgBVAwAAMAADgADgAcAUtFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAFFFFABRRRQAUUUUAf/2Q==)

**New Client Questionnaire | Massage**

**PLEASE PRINT LEGIBLY**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency Please Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# General | Medical Information

Y N Have you ever had a professional massage? If yes, how often?

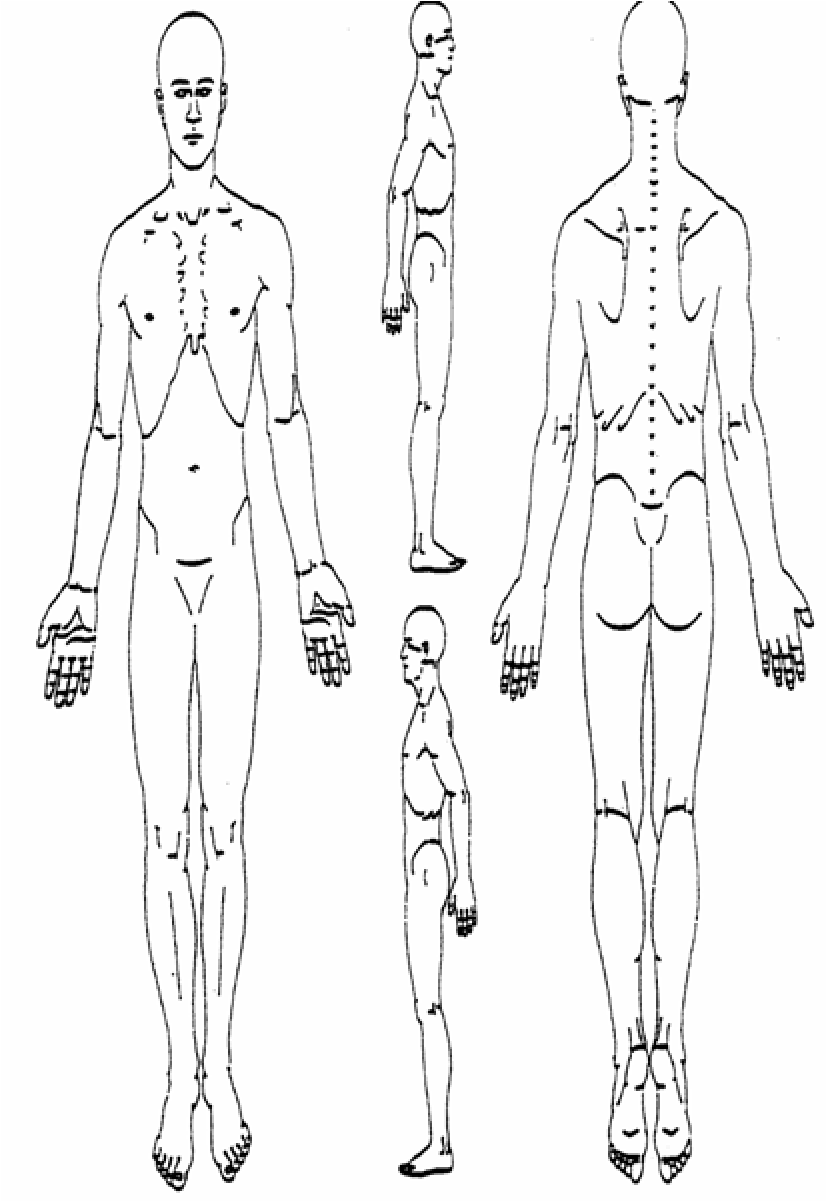
Y N Are you pregnant? If yes, how far along are you? (Females only)

Y N Are you sensitive to touch/pressure in any area? (Ticklish?)

Y N Are you allergic or sensitive to any oils (essential oils, nut oils, scents)? If yes, please list:

List of current medications and reason:

List of surgeries (type and date):



**Indicate Areas of Pain/Tension**

(Turn over)

# Waiver

***Please take a moment to read and initial all the following statements:***

If I experience pain or discomfort during the session, I will at once inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

\_\_\_\_\_

I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

\_\_\_\_\_

I affirm that I have notified my therapist of all known medical conditions and injuries.

\_\_\_\_\_

I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist’s part should I forget to do so.

\_\_\_\_\_

I understand that massages and/or body treatments are entirely therapeutic & non-sexual in nature.

\_\_\_\_\_

**Information & Suggestions**

* **Prior to your treatment, please remove contact lenses and all jewelry. Pull long hair back with a clip or band. Please communicate effectively with Spa regarding any concerns.**
* **In general, massages/body treatments are given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your massage session. Certain Body treatments require minimal clothing to only underwear. This is your time, and you should be as comfortable as possible.**
* **Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.**

*I have received the policy statement and have read and agree to the policies therein. I understand that by receiving services from* ***California Skin Care & Day Spa,*** *that I am responsible for any financial obligation towards all treatments provided. There are no refunds on services and all sales are final.*

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_