Elevated Wellness Massage & Spa

CLIENT INTAKE FORM

Name _____ Date _____

Occupation _____ Birthday _____ ☐ Female ☐ Male ☐ NB

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact _____ Emergency Contact Phone # _____

How did you learn about us? _____

Would you like to be added to our email list for new and exciting offers? ☐ Yes ☐ No

MEDICAL HISTORY

Do you have any of the following conditions? If yes, please select them:

- ☐ Arthritis/ joint disorder
- ☐ Artificial joint
- ☐ Atherosclerosis
- ☐ Blood disorder
- ☐ Back/ neck problems
- ☐ Cancer
- ☐ Carpal tunnel syndrome
- ☐ Circulatory disorder
- ☐ Contagious skin condition
- ☐ Decreased sensation
- ☐ Deep vein thrombosis
- ☐ Diabetes
- ☐ Easy bruising
- ☐ Eczema
- ☐ Epilepsy
- ☐ Fever blisters
- ☐ Fibromyalgia
- ☐ Headaches/ migraines
- ☐ Heart condition
- ☐ High/ low blood pressure
- ☐ Immune disorders
- ☐ Keloid scarring
- ☐ Open sores or wounds
- ☐ Osteoporosis
- ☐ Phlebitis
- ☐ Pregnant
- ☐ Recent accident/ injury
- ☐ Recent fracture
- ☐ Seborrhea
- ☐ Seizure disorder
- ☐ Skin disease/ lesions
- ☐ Sprains/ strains
- ☐ Swollen glands
- ☐ Tennis elbow
- ☐ TMJ
- ☐ Varicose veins

Any other illness/ condition: _____

Any recent surgery, including plastic surgery? _____

Are you currently taking any medications? _____

Are you currently being treated by a medical professinal? _____

Yoga Services

CLIENT INTAKE FORM

YOGA HISTORY:

Have you practiced yoga before? ☐ Yes ☐ No

Any medical conditions, injuries, or limitations affecting movement? ☐ Yes ☐ No

If yes, please explain: _____

Experience dizziness or balance issues during movement? ☐ Yes ☐ No

If yes, please explain: _____

Any movements or positions you prefer to avoid? ☐ Yes ☐ No

If yes, please explain: _____

Any specifi areas of concern for your session? (Injuries, tightness etc.) ☐ Yes ☐ No

If yes, please explain: _____

What goals and benefits are you seeking from your yoga practice?

- ☐ Strength Training
- ☐ Flexibility
- ☐ Balance
- ☐ Increase well- being
- ☐ Stress relief
- ☐ Address Health Concern
- ☐ Alternative therapy
- ☐ Posture
- ☐ Breathe Work
- ☐ Meditation
- ☐ Yoga Philosophy
- ☐ Improve Fitness

By signing below, I acknowledge that participating in yoga classes or sessions at Elevated Wellness Massage and Spa involves physical activity that may result in injury. I understand that it is my responsibility to practice safely, within my limits, and to inform the instructor of any medical conditions, injuries, or concerns. I certify that I am in good health or have received medical clearance to participate. I understand that Elevated Wellness Massage and Spa and its yoga practitioner(s) are not liable for any injury, loss, or other damages that may occur as a result of my participation.I voluntarily assume all risks associated with yoga practice and release, waive, and hold harmless Elevated Wellness Massage and Spa and its staff from any claims or liability arising from my participation.

Client Name (Printed) _____ Date: _____

Client Name (Signature) _____

☐ Initial this box that you positively identify as the name printed & sign

Elevated Wellness Massage & Spa

POLICY NOTIFICATION

CANCELLATION & NO SHOW

If it is necessary to change your appointment, we request you do so a minimum of 3 hours in advance for an individual appointment or 24 hours in advance for a party of 2 people or more. This time is especially reserved just for you and if the appointment is not cancelled then we are not able to offer the time to another guest. Regretfully, if we do not receive adequate notice of cancellation, a cancellation or no-show fee will be charged to the card on file for each service scheduled. Late cancellations will be charged $25 and No-Shows will be charged the full-service amount. If there is no card on file, these fees will be collected before scheduling another appointment.

MASSAGE TERMINATION

Only professional massage and bodywork services for relaxation or therapeutic purposes are offered at this spa. Services will be terminated immediately in the event of inappropriate conduct of any kind. This includes harassment, threatening speech or behavior, sexual advances or requests, or disrespectful actions or language. A session will not be conducted if the client is under the influence of drugs or alcohol. If the session is terminated for any of these reasons full payment for the scheduled session is still required.

LATE ARRIVAL

All scheduled appointments will end at the scheduled ending time in order for us to stay on schedule. Clients who arrive late to their scheduled appointment will be charged for the full session and will not receive a time extension. For your first appointment, please arrive 15 minutes prior to your scheduled appointment time to allow time to complete the client intake form. For all other appointments, please arrive 5-10 minutes before your scheduled appointment time to allow time to use the restroom and enjoy a relaxed and unhurried experience.

DRAPING

Clients will be appropriately draped with a sheet and/or towel at all times during their session. Only areas of the body that are currently being treated will be exposed. The breasts and genital areas will always remain draped and are never massaged.

Signing below indicates that you have read, fully understand and will abide by the massage policies as listed above.

Client Name (Printed)	Client Name (Signature)	Date: