

Shama Traditional Thai Massage

Please turn off your cell phones and speak softly in the session.

0.5 HOUR

1 HOUR

1.5 HOURS

2 HOURS

Traditional Thai

Foot Reflexology

Deep Tissue

Prenatal

Therapeutic

Thai Aroma

Swedish

Herbal Compress

- Thai
- Thai Aroma
- Swedish
- Deep Tissue

1. First name, Last name _____

2. Reason for visit:

- General, Relaxation, Stress Reduction Pain
 Knots Soreness
 Stiffness Sports or athletic injury
 Other: _____

3. List any recent accidents or surgeries we should know about and how long ago

* If you have had any accidents or surgeries within the last 3 months, we need a doctor's release in order to provide service.

4. How do you prefer your massage?

- Gentle Medium Deep

5. (For Traditional Thai massage ONLY)

Would you like the therapist to step on your back?

- Yes
 No

Use thai balm?

- Yes
 No

6. Are you pregnant?

- Yes (____ Months)
 No

7. Do you have breast implants?

- Yes
 No

8. Do you suffer from any of the following?

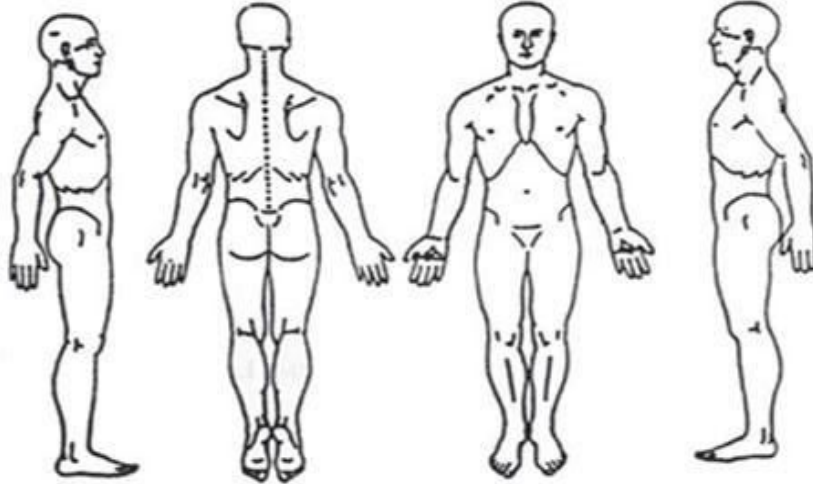
- | | | |
|----------------------|------------------------------|-----------------------------|
| Arthritis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rheumatoid Arthritis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Osteoporosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Osteoarthritis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High Blood Pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Varicose Veins | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

9. How did you hear about us?

Google Yelp Friend Walk by

Other _____

Please circle on diagram to specify the locations of your concern



CUSTOMER WAIVER AGREEMENT

Please read and **initial** the following statements:

_____ IF I DISLIKE THE MASSAGE FOR ANY REASON, I WILL NOTIFY THE THERAPIST **WITHIN 15 MINUTES** OF THE MASSAGE. IF I CHOOSE TO STAY AFTER 15 MINUTES OF THE MASSAGE, I UNDERSTAND I AM RESPONSIBLE TO PAY THE FULL PRICE.

_____ IF I HAVE ANY COLD OR FLU-LIKE SYMPTOMS, OR IF I HAVE KNOWLEDGE OF HAVING ANY TRANSMITTABLE/AIRBORNE VIRUS, I AGREE TO RESPECT THE HEALTH AND WELL BEING OF THE STAFF AND OTHER CUSTOMERS VISITING SHAMA AND I AGREE TO RESCHEDULE MY VISIT AS A RESULT.

_____ I UNDERSTAND THAT ALL MASSAGE THERAPIES INVOLVE PHYSICAL MOVEMENT, MUSCULAR MANIPULATION AND ATTENTION TO PRESSURE POINTS AS WELL AS AN OPPORTUNITY TO RELIEVE STRESS AND MUSCULAR TENSION. AS IN THE CASE WITH ANY PHYSICAL ACTIVITY, THE RISK OF INJURY, EVEN SERIOUS OR DISABLING, IS ALWAYS PRESENT AND CANNOT BE ENTIRELY ELIMINATED.

_____ IF I EXPERIENCE ANY PAIN OR DISCOMFORT DURING MY MASSAGE I WILL INFORM MY THERAPIST IMMEDIATELY. I WILL CONTINUE TO BREATHE SMOOTHLY AND REMAIN RELAXED. MASSAGE THERAPIES ARE NOT A SUBSTITUTE FOR MEDICAL ATTENTION, EXAMINATION, DIAGNOSIS OR TREATMENT. MASSAGE THERAPIES ARE NOT RECOMMENDED AND ARE NOT SAFE UNDER CERTAIN MEDICAL CONDITIONS.

_____ I AFFIRM THAT I AM RESPONSIBLE TO DECIDE WHETHER TO PRACTICE MASSAGE THERAPIES. I HEREBY AGREE TO IRREVOCABLY RELEASE AND WAIVE ANY CLAIMS THAT I HAVE NOW OR HEREAFTER THAT I MAY HAVE AGAINST MY THERAPIST AND SHAMA TRADITIONAL THAI MASSAGE.

Full Name

Signature

Date

Phone Number

Email Address