

Aroma Hut Massage Client Intake

Name _____ () Male () Female
 Phone _____ D.O.B. _____
 Address _____
 Email _____
 Emergency Contact _____
 Occupation _____

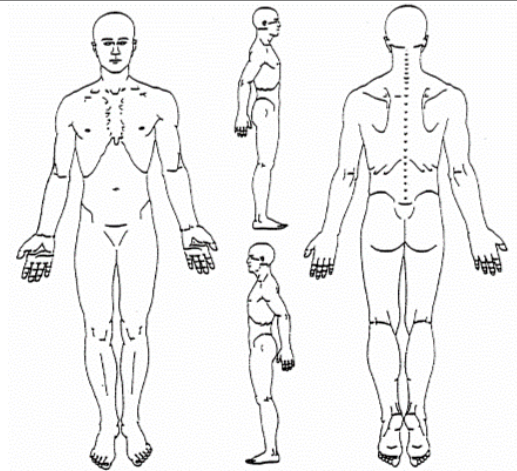
How did you hear about Aroma Hut? _____

Have you had a professional massage before? YES NO Preferred Pressure: Light Medium Firm
 Specific area(s) of focus today _____

Stress	YES	NO	High blood press	YES	NO	Ingrown Toe Nail	YES	NO
Diabetes	YES	NO	Epilepsy/seizures	YES	NO	Bruise Easily	YES	NO
Headaches	YES	NO	Joint Discomfort	YES	NO	Plantar Fasciitis	YES	NO
Pregnant	YES	NO	Varicose veins	YES	NO	Neuropathy	YES	NO
Arthritis	YES	NO	Osteoporosis	YES	NO	Athlete's Foot	YES	NO
Contact lenses	YES	NO	Toe Fungus	YES	NO	Contagious diseases	YES	NO
Allergic to essential oils	YES	NO						

Sensitive Areas: Ankles, Knees,
 Wrists, Shoulders, Neck

Other medical condition, or are you taking any medications I should know about? _____



I understand that the massage/bodywork I receive is provided for the purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Aroma Hut assumes no liability when your massage therapist is an independent professional and is solely responsible for your treatment.

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Draping is REQUIRED AT ALL TIMES. Private areas (specifically genitals) will be completely avoided.

Client Signature _____ Date _____