***Om Relaxation Spa* Client Intake**

**Date:**

**Services Scheduled:**

**Technician:**

**Client Name:**

**Address: City: State: Zip:**

**Email: Phone Number:**

**How did you hear about us?**

**Emergency Contact & Phone #:**

**Goals for Visit:**

**General Health (please circle is applicable)**

**Allergies Broken Bones Sunburn Heart Condition High/Low Blood Pressure**

**Arthritis Chronic Pain Headaches Eczema/Psoriasis Metal Implants**

**Back Pain Claustrophobia HIV/AIDS Lymphedema Sprains/Strains**

**Blood Clots Contacts Jaw Pain Numbness/Tingling Herpes/Shingles**

**Rashes Stroke**

**Contagious Conditions(specify):**

**Recent Accidents or Surgery:**

**Pregnancy( )weeks**

**Massage**

**Have you previously had professional massage?** If yes, how recently?

**Are there any areas you would like the technician to avoid?**

**Are there any areas you would like additional focus?**

**I understand that the spa treatments I receive are provided for the basic purpose of relaxation and relief of tension. If I experience any pain or discomfort during the session, I will immediately inform the Om Relaxation Spa Technician so that the products and/or techniques may be adjusted to my level of comfort. I further understand that the services offered are not a substitute for medical care and should not be construed as such. Any information provided by the technician is for educational purposes only and is not diagnostically prescriptive in nature. Because certain spa treatments should not be performed under certain medical conditions, I confirm that I have stated all my known medical conditions and answered all questions truthfully. I understand that it is my responsibility to keep Om Relaxation Spa updated as to any changes in my medical condition and understand that there shall be no liability on the part of Om Relaxation Spa or the Technician should I fail to do so.**

**I understand that the Om Relaxation Spa Technician retains the right to refuse service to anyone if the Technician determines that the service may be contraindicated. The Technician also retains the right to refuse service to anyone for sexual advances, sounds, comments, innuendoes or rude or violent behavior.**

**I affirm that I have answered the medical questions truthfully and I consent to the treatment recommended by my technician.**

**Client Signature: Date:**

 **Check here if you are signing as the legal guardian for a minor under the age of 18**