

SpaSunsations' Confidential Intake Form



Name _____

Phone (____) _____ DOB _____

Address _____

City _____ State ____ Zip _____

Occupation _____

Email _____

Emergency Contact _____ Phone (____) _____

How did you hear about my practice?

Please take a moment to carefully read the following information. If you have a specific medical condition or specific symptoms, facials, massage/bodywork, waxing may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you experienced a professional massage?

Y/N How often? _____

What are your goals? _____

Please indicate all you experience and list medications. Please explain if necessary.

Y/N Allergies	Y/N Contagious diseases
Y/N Cancer	Y/N Diabetes
Y/N Headaches/Migraines	Y/N Stress
Y/N Arthritis	Y/N Cardiac/circulatory problems
Y/N High or low blood pressure	Y/N Broken bones in the past two years
Y/N Epilepsy or seizures	Y/N Surgeries in the past two years
Y/N Varicose veins	Y/N Do you bruise easily
Y/N Joint pain or swelling	Y/N Pregnant or Nursing

Other _____

Massage Consent:

I understand the massage/bodywork I receive is provided for the purpose of relaxation and relief of muscle tension. If I experience any pain or discomfort during the session, I will immediately inform my therapist so that the pressure may be adjusted to my comfort level. I further understand that massage/bodywork should not be construed as a substitute for a medical examination, diagnosis, or treatment and that I should see a physician or other health professional. I affirm that I have stated all of my known medical conditions and have answered all questions honestly. I agree to keep my practitioner updated to any changes in my medical profile and understand that there will be no liability on the practitioner's part should I forget to relay such information. It is also understood that any illicit or sexually suggestive remarks or advance by me, the client, will result in immediate termination of the session. I also agree to pay for each session at the time of the session unless other specific arrangements have been made. Appointment cancellations need to be made 24 hours prior to the appointment or half the fee will be charged.

By signing this release and consent form, I affirm that I have honestly disclosed all information pertinent to being treated by SpaSunSations and their employees and will inform of any updated information as things may change.

Name _____ Date _____

Signature _____

