Massage Client Consultation Form

Name: _____ Birthdate: _____
Last First

Address: _____ Cell Phone: _____

_____ Email: _____

General Health Record

Please indicate if any of the following conditions apply:

☐ Allergies If yes, explain: _____ ☐ Recent Surgery If yes, explain: _____

☐ Skin Cancer If yes, explain: _____ ☐ Arthritis ☐ Asthma ☐ Claustrophobia

☐ Diabetes ☐ Epilepsy ☐ Hemophilia ☐ Hepatitis ☐ Nervous Tension ☐ Sinus Headaches

Please answer the following questions about your lifestyle:

Are you on birth control? Yes/No If yes, since when and what type? _____

Do you follow a special diet? Yes/No Are you a sun lover? Yes/No

Do you smoke? Yes/No Are you currently pregnant? Yes/No

Have you been exposed to the sun or sunbeds recently? Yes/No Are you currently taking any medications? Yes/No

Is there any medical condition of which you would like us to be aware? _____

Massage Information

What results do you expect from this session?

_____

_____

_____

What is your main area of complaint, tension, or pain?

_____

_____

_____

Have you ever had a professional massage session? Yes/No

Do you have high or low blood pressure? Yes/No

Do you have any restrictions in movement? Yes/No

Do you have any cardiac or circulatory problems? Yes/No

Are you very sensitive to pressure or touch in a particular area? Yes/No

Do you have any stabbing pains or numbness? Yes/No

Do you suffer from back pain? Yes/No

Have you broken any bones in the past two years? Yes/No

Please Note the Following Terms and Conditions:
There are some reasons that massage may not be appropriate. A referral from your primary care provider may be required before we provide you service. It is also understood that any illicit or sexually suggestive remarks or advances will result in the termination of massage. The full cost of the scheduled appointment will still be due.

Cancellation Policy

We value your business and ask that you respect our spa scheduling policies. We pride ourselves on providing quality service to each client and your appointment time is reserved just for you. As a courtesy, we provide multiple reminders/ confirmations in advance of your scheduled appointment. We have clients on wait lists and short-notice cancellations do not provide enough time to fill an open slot. Therefore, please notify us at least 24 hours in advance of any single service cancellation and 48 hours in advance of multiple services. **Any cancellations after the required 24-hour notice, are subject to a cancellation fee. If no cancellation is given ("No-Show"), there will be a charge of 50% of the service value. Frequent last minute cancellations or 'No-Shows' will require payment in advance for any future appointments or may result in us not being able to service you for future appointments.**

Signature: _____ Date: _____