

MASSAGE INTAKE FORM

CONTACT

Name _____ Date of Birth ____ / ____ / ____

Email _____

Phone (_____) _____ - _____ Home Cell Work Other It is okay to text me!

Address _____

City _____ State _____ Zip _____

Occupation _____

Emergency Contact _____

Phone (_____) _____ - _____ Relationship _____

HISTORY

How did you hear about us? TV/Radio Email Drive By/Signs LaVida Massage Employee
 Gift Cards Internet Search Print Ad LaVida Massage Client (who? _____)
 Other (_____)

How often do you receive professional massages?
 First Time Once a year or less 2-3 times/yr 4-6 times/yr 7-10 times/yr 11+ times/yr

What prevents you from receiving massages more frequently? Cost Time Other (_____)

Are you here today for: Stress Relief General Health & Wellness Headache Injury Rehab
 Relaxation Soreness

MEDICAL CONDITIONS

Medical Conditions - Check All That Apply: Warts Seizures Numbness/Tingling Varicose Veins
 Arthritis Athletes Foot Blood Clots Blood Pressure Bruise Easily Cancer (active)
 Diabetes Fibromyalgia Headaches Jaw Pain/TMJ Leg or Knee Pain Neck or Back Pain

Please list any medications you are taking: _____

List any other medical conditions (including injuries or surgeries in last 2 years) that you think we should know about:

Are you pregnant? No Yes **If yes, how many weeks?** ____ Due Date: ____ / ____ / ____

If yes, are you experiencing any of the following?
 Cramping/Soreness Morning Sickness Pre-Eclampsia Swelling (Edema)

Do you have any allergies or skin sensitivities? No Yes If yes, please list: _____

Our lotion products may contain nut oils. Are you allergic to nuts? No Yes If yes, which nuts: _____

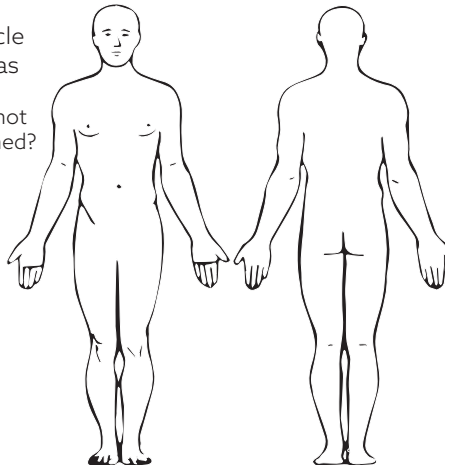
IMPORTANT NOTICE: If you have certain medical conditions or symptoms, receiving a massage may aggravate or worsen that condition. If you are experiencing a cold, flu, fever, or have consumed alcohol in the past 12 hours, your session must be rescheduled for 48 hours after symptoms disappear. By signing below, I am stating that I understand there are benefits and risks of massage therapy. I understand that massage is not a replacement for medical care, or medical examination. I acknowledge that any recommendation made by my massage therapist is not considered a medical diagnosis, or advice and that there is no stated promise of success of techniques, or services. I have listed all medical conditions (including past conditions, such as operations) that I am aware of and this information is true and accurate to the best of my knowledge. Before beginning a future session, I agree to inform the massage therapist immediately of any change in my health. I acknowledge that this information is confidential and intended for review by massage therapists, that a medical referral may be requested of me, and that LaVida Massage is not liable for the management of any condition whether it is identified or not on this form.

I agree to inform my massage therapist of any discomfort or pain experienced during the session so any adjustments can be made to the pressure, draping or environment. LaVida Massage is not liable for any injury or condition that arises from the application of massage, despite the completion of this form. This form is only intended as an assessment tool and serves as a guide for the application of massage. All services include 5 minutes for pre-consultation and un-dressing and 5 minutes for post-consultation and re-dressing. I also understand that any illicit or sexually suggestive remarks or advances, made by myself, will result in immediate termination of the session, and that I will be liable for full payment of the session.

I affirm that I have read the important notice above before signing this document.

Please Circle Focus Areas

Any Areas not to be touched? "X" if any



CLIENT NAME (PRINT) _____

CLIENT SIGNATURE _____ DATE: _____

IF MINOR, SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____