

Spa Citron Massage - Client Intake Form

Personal Information:

Name _____ Phone _____ Date of Birth _____
Address _____ City/State/Zip Code _____
Email _____ Occupation _____
Date of Initial Visit _____ How did you find us (referral/internet search/other)? _____
Emergency Contact _____ Phone _____
Can we send you text/email for appointment reminders and special promotions and discounts? Yes No

The following information will be used to help plan safe and effective massage sessions. If you have a specific medical condition or specific symptoms massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you had professional bodywork/massage before? Yes No If yes, how often? _____
Do you have any difficulty lying on your front, back, or side? Yes No If yes, please explain _____
Please list any allergies: _____

Are you wearing contact lenses (), dentures (), or a hearing aid ()?
Do you experience frequent stress (), muscle tension (), anxiety (), depression (), insomnia (), irritability
What type of pressure do you prefer during massage (light, medium, firm, deep tissue)?

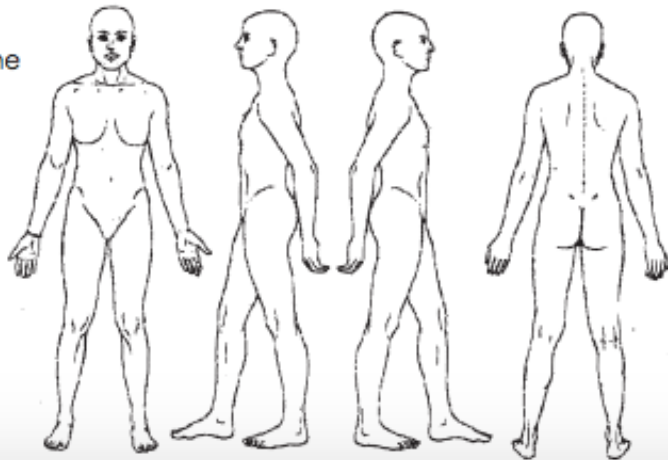
Describe parts of the massage session you enjoy the most (i.e. extra attention on scalp, feet, use of heat, stretching, etc)?

Is there anything you need to avoid (i.e feet, face, belly)?

What are your goals for this massage session?

What types of experiences have you found unpleasant during a massage session (i.e. too much or too little oil, noisy room, strong smells, pressure too light or deep)?

Circle any specific areas you would like the massage therapist to concentrate on during the session:



Medical History

In order to plan a massage session that is safe and effective, I need some general information about your medical history.

Please list your current medications:

Please check any conditions listed below that applies to you:

- | | |
|---|--|
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> phlebitis |
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> deep vein thrombosis |
| <input type="checkbox"/> easy bruising | <input type="checkbox"/> joint disorder/rheumatoid arthritis/osteosarthritis |
| <input type="checkbox"/> sensitive skin | <input type="checkbox"/> reynaud's syndrome |
| <input type="checkbox"/> recent accident or injury | <input type="checkbox"/> tendonitis |
| <input type="checkbox"/> recent fracture | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> recent surgery | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> artificial joint | <input type="checkbox"/> cancer |
| <input type="checkbox"/> sprains/stains | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> current fever | <input type="checkbox"/> decreased sensation |
| <input type="checkbox"/> swollen glands | <input type="checkbox"/> back/neck problems |
| <input type="checkbox"/> allergies sensitivity | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> tennis elbow |
| <input type="checkbox"/> varicose veins | <input type="checkbox"/> pregnancy If yes, how many months? |
| <input type="checkbox"/> atherosclerosis | |

Please explain any condition that you have marked above _____

Please list any major injuries or illness experienced in your lifetime _____

Is there anything else about your health history that will be useful for your massage therapist to know to plan a safe and effective massage for you? _____

Draping will be used during the session; only the area being worked on will be uncovered.

I, _____ (print name), understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be considered a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be treated as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client _____ Date _____

Treatment Guidelines

What to know when receiving massage and bodywork

New Clients should arrive at least ten to fifteen minutes early for the appointment. This gives you time to check in, fill out paperwork, discuss your goals with the therapist and allow the therapist to conduct a thorough assessment. **Returning clients should arrive 5 minutes** before the scheduled appointment to allow time to discuss any changes with therapist and to undress and get onto the table.

You will usually undress completely for massage and body treatments, but your therapist will keep your body draped and only expose area that is being worked upon. If your massage involves lots of stretching, clinical or connective tissue massage, you may be asked to wear a pair gym shorts/underwear if you are a man or gym shorts/underwear and a sports bra if you are a woman. For Thai Yoga Massage sessions wear comfortable clothes that you could work out in.

Feel open to give the therapist feedback as to preferred pressure, your comfort, what you are feeling, and troubled areas during the massage.

Other than feedback, we encourage you to enjoy the quiet time during your massage, to focus on your body and breath to enter a state of relaxation. You can talk or be quiet; your therapist will follow your lead.

Relax, enjoy and allow others to care for you.

Understand that you are getting therapeutic massage, which is not a sensual experience.

Do not bring children and leave them unattended.

When the therapist says, "take your time getting up," it means not to get up too fast that you get dizzy. A massage or body treatment can put you in a state of deep relaxation, so take a moment or two to take some deep breaths while transitioning off the table. Do try to be mindful of the time, as the room must be prepared for the next client. You can always fix hair and make-up in the bathroom after you have checked out.

Give honest feedback to the therapist, we would to know if your experience with the massage and body treatments was as expected.