BETWEEN 天間土 HEAVEN & EARTH

Therapeutic Day Spa and Tanning

Massage Intake Form

Client: _____

Address: _____

_____

D.O.B. _____

Phone: _____

Occupation: _____

What is your goal for this session?

_____

_____

Who referred you? _____

Would you like for us to email you our monthly specials? Y or N Email: _____

Previous Illnesses/Broken Bones or Other Injuries:

_____

Are you currently under a physician's care? Y or N

If yes, what is the physician's name? _____

For what condition? _____

Are you taking any medication? _____

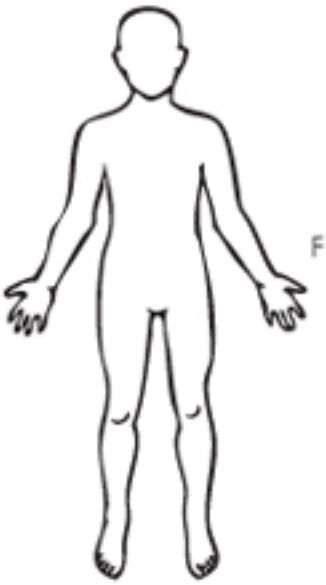
What types of exercise/stretches do you do and how often? _____

Female Clients: Are you pregnant? Y or N

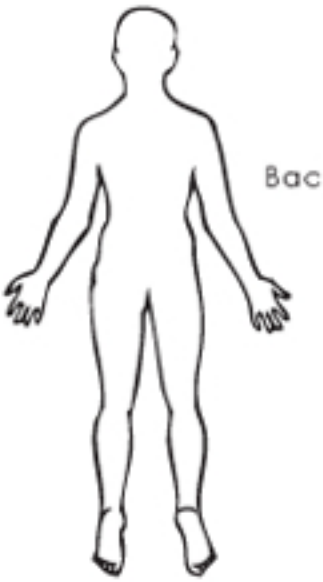
If so, how many weeks and list any complications if any: _____

Current Condition

Please mark areas of pain or discomfort:



Front



Back

I understand if I experience any pain or discomfort during my session(s) I will immediately inform the therapist so the pressure and/or strokes may be adjusted to my comfort. I further understand massage/bodywork should not be considered a substitute for medical examination, diagnosis, or treatment and I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment I am aware of. I understand massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, or prescribe, nor treat physical or medical illness and nothing said in the course of this session(s) given should be construed as such because massage/bodywork should not be done under certain medical conditions. I affirm I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile, and I understand there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment for the "Full" scheduled appointment. I consent to massage/bodywork therapy.

Client Signature: _____

Please give 24-hour notice if you cannot make your appointment