



Confidential Client Intake Form

Name: _____ Phone Number: _____

Email Address(for specials and promotions): _____

City: _____ State: _____ Birthday: _____

Have you been here before? _____ Referred by: _____

If taking medications, what is the condition you take it for? _____

Please indicate any of the following conditions that you may have:

- Diabetes, back pain, skin sensitivity, neck pain, osteoporosis, headaches, numbness, tingling, high blood pressure, low blood pressure, dizziness, joint swelling, neck injury, recent surgery, arthritis, skin condition, open wounds, contagious disease, varicose veins, warts, cardiac problems, digestion problems, do you bruise easily, other pain, hot most of time, cold most of time, cold hands and feet, shoulder pain, lymphatic condition, pregnant weeks, breast feeding how long?

Allergies(list) _____

Please Choose your Complimentary Aromatherapy (please select one):

- Lavender: relaxing, Rose: calming, Smiles for Miles (citrus blend), Eucalyptus: refreshing, Peppermint : stimulating, Clear the Air (fresh mint blend), Lemongrass: revitalizing, Unscented, Peace & Harmony (minty, floral blend), Lavender & Tea tree oil: renewing, Cedarwood

Preferred Pressure(circle): Light Medium Deep-\$10 Sports-\$10

Areas to Avoid(i.e. Scalp, Feet, Left Shoulder) _____

Add CBD Pain Relief - \$5

Have you had massage or spa treatments before? _____

I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive a massage from this practitioner. Please let us know at any time if you are uncomfortable with the pressure of the massage or temperature of the room. I confirm to the best of my knowledge that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment:

Signature: _____ Date: _____