



Return Client Intake Form

Name: _____ Date of last session: _____

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

Any new medical conditions or areas to avoid? _____

Are you pregnant? _____ How many weeks along are you? _____

Allergies (list): _____

Please choose your complimentary aromatherapy (select one):

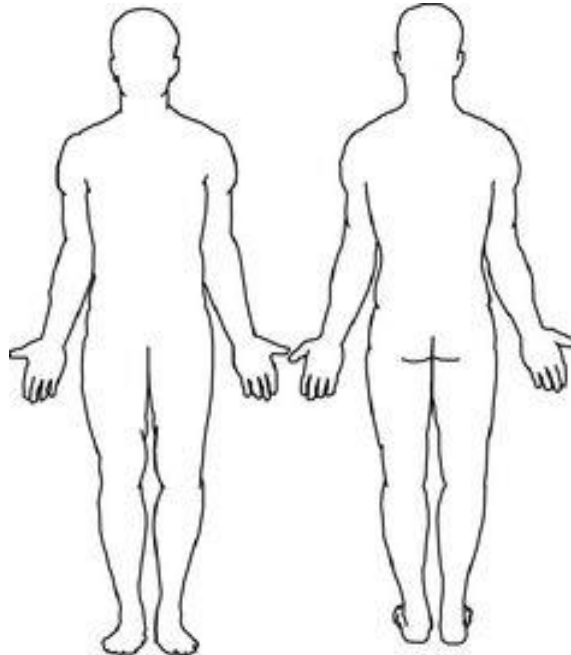
- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Lavender: relaxing | <input type="checkbox"/> Orange | <input type="checkbox"/> Clear the Air (fresh mint blend) |
| <input type="checkbox"/> Eucalyptus: refreshing | <input type="checkbox"/> Cedarwood | <input type="checkbox"/> Peace & Harmony (minty, floral blend) |
| <input type="checkbox"/> Lemongrass: revitalizing | <input type="checkbox"/> Geranium | <input type="checkbox"/> Smiles for Miles (citrus blend) |
| <input type="checkbox"/> Peppermint : stimulating | | |

Preferred Pressure (circle): Light Medium Deep - \$15 Sports - \$15

Add-on Options (these options will not change the length of your appointment):

- Hand or Foot Paraffin - \$15 for one or \$25 for both (please circle one or both)
- Hand or Foot Scrub - \$10 for one or \$15 for both (please circle one or both)
- Triple Strength CBD Pain Relief - \$8
- Peppermint Scalp Massage - \$10

Please circle the areas that need attention:



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: _____