

Confidential Client Intake Form

Have you been here before?	Name: Phone Number:			
Please indicate any of the following conditions that you may have: diabetes	Email Address(for specials and	promotions):		
Please indicate any of the following conditions that you may have:	City:	State:	Birthday:	
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 earliac 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 Pregnant Cedarwood Peace & Harmony (minty, floral blend) Lemongrass: revitalizing Geranium Smiles for Miles (citrus blend) Peppermint: stimulating Preferred Pressure(circle): Light Medium Deep-S15 Sports-S15 Areas to Avoid(i.e. Scalp, Feet, Left Shoulder) Add-on Options (these options will not change the length of your appointment): Add-on 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) Have you had massage or spa treatments before? 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 the pressure of the massage or temperature of the room. I confirm to the best of the massage or temperature of the room. I confirm to the best of the pressure of the massage or temperature of the room. I confirm to the best of the pressure of the massage or temperature of the room. I confirm to the best of the pressure of the massage or temperature of the room. I confirm to the best of the pressure of the massage or temperature of the room. I confirm to the best of the pressure of the massage or temperature of the room. I confirm to the best of the pressure of the massage or temperature of the room. I confirm to the best of the pressure of the massage or temperature of the room. I confirm to the best of the pressure of the massage or temperature of the room. I confirm to the best of the pressure of the pressure of the pressure of the	Have you been here before?	Referred by:		
	If taking medications, what is th	e condition you take it for?		
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high blood pressure	diabetes	back pain	_skin sensitivity	neck pain
neck injury	_osteoporosis	headaches	numbness	tingling
	_high blood pressure	_low blood pressure	dizziness	joint swelling
	neck injury	recent surgery	arthritis	_skin condition
hot most of time	_open wounds	contagious disease	_varicose veins	warts
hot most of time	cardiac problems	digestion problems	do you bruise easily	other pain
lymphatic conditionpregnantweeksbreast feedinghow long? Allergies(list)	hot most of time	cold most of time	cold hands and feet	
Please Choose your Complimentary Aromatherapy (please select one): _ Lavender: relaxing	lymphatic condition	pregnant weeks	breast feeding how lon	
Areas to Avoid(i.e. Scalp, Feet, Left Shoulder)	Lavender: relaxing Eucalyptus: refreshing Lemongrass: revitalizing	Orange Cedarwood	Clear the Air (fresh mint blend)Peace & Harmony (minty, floral blend)	
Add Triple Strength CBD Pain Relief - \$10 Peppermint Scalp Massage - \$10 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) Have you had massage or spa treatments before? 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 the pressure of the massage or temperature of the room.	,		•	
Peppermint Scalp Massage - \$10 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) Have you had massage or spa treatments before? 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	-	_	length of your appointn	nent):
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knowledge that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.	Please let us know at any time if	f you are uncomfortable with the pro	essure of the massage or tempera	ature of the room. I confirm to the best of
knowledge that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment;	knowledge that the answers I ha	we given are correct and that I have	not withheld any information that	at may be relevant to my treatment:

Date: