



HomeSpa Massage Intake Form

GENERAL INFORMATION

Name: _____

Birthdate: _____

Address: _____

Phone: _____

Email: _____

Referred by: _____

Occupation: _____

MASSAGE INFORMATION

Is this your first massage treatment? N Y

When was your last massage? _____

What is the reason for your visit today? _____

What are the specific areas of concerns? _____

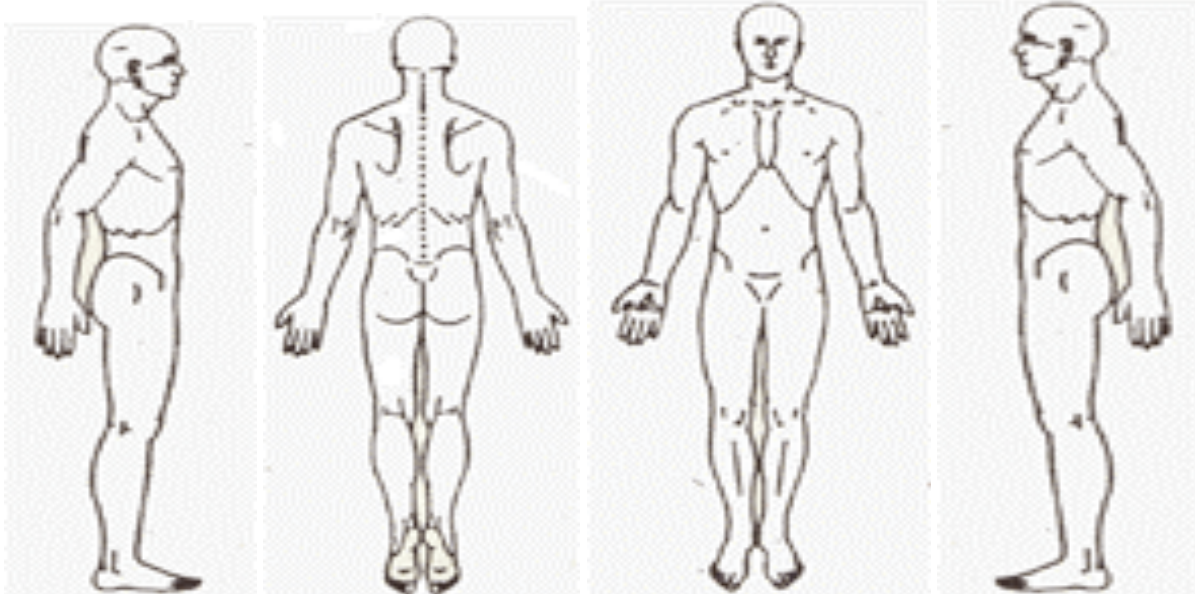
Are there any areas you do NOT want massaged today? _____

Rate your Stress level on a scale of 1 to 4 (1 being low and 4 being high) _____

Massage pressure Preference: Light Medium Firm

Do you have any sensitivities or allergies to fragrances or skin care products? N Y

Please indicate with an (X) the areas which you are experiencing pain/ discomfort



What are your goals for this massage session?

MEDICAL HISTORY INFORMATION

Are you under a physician's care for any reason? N Y: _____

Do you have any allergies? N Y: _____

Do you wear contact lenses? N Y

Are you taking any other medications? N Y: _____

Do you suffer from any of the following (please circle): Asthma, cardiac problems, eczema, epilepsy, fever blisters, headaches, hepatitis, herpes, high blood pressure

Have you had: a hysterectomy, immune disorder, lupus, metal bones, pins or plates, pacemaker, psychological problems, skin diseases: _____

Any other concerns not listed here that should be noted? _____

FOR WOMEN ONLY

Is your menstrual period occurring now or soon? N Y N/A

Are you Pregnant? N Y: Due Date _____

Are you on birth control pills currently? N Y: _____

DURING YOUR MASSAGE

Would you like to add any enhancements to your treatment? Please discuss the options with your technician. These services cost extra and may require advance notice

Foot scrub Aromatherapy Paraffin for hands or feet Reflexology Chinese Cupping

What is your music preference during your treatment? Do you have your own ipod with a playlist ?

Colbie Caillat Amy Winehouse James Blunt Ted Lennon Robert Plant & Allison Krauss

Away We Go Soundtrack The Last Kiss Soundtrack Traditional Spa sounds Duffy

I understand that a massage therapist cannot diagnose illness, disease, or any other medical, physical, or emotional disorder. I am responsible for consulting a qualified physician for any physical ailments that I may have. I agree that I have disclosed all medical conditions, and I understand the treatments I receive here are voluntary and I release this bodywork professional from liability and assume full responsibility thereof. I also understand the terms and conditions of service set forth by HomeSpa, LLC. I agree to pay the full amount of service and gratuity is optional but recommended and must be given to therapist in cash or separate check.

Signature _____ **Date** _____