

Escape Tranquility Spa

Client Information

Date _____

Name _____ Birthday _____

Address _____ Phone _____

City _____ State _____ Email _____

Zip _____ Male/Female _____ Occupation _____

Emergency Contact _____ Phone _____

First Massage? _____ Pregnant? _____ Accidents/Injury in last 24 hours? _____

Health Information

Mark X for conditions that apply

Allergies Seasonal/Food _____ Arthritis _____ Type _____

Asthma _____ Anxiety _____ Cardiovascular issues _____ Type _____ Atherosclerosis _____ Bronchitis _____

Bursitis _____ Cancer _____ Type _____ Carpal Tunnel _____ Communicable Disease _____ Gout _____

Depression _____ Diabetes _____ Digestive Problems _____ Dislocations _____ Edema _____ Fatigue _____ Hernia _____

Fibromyalgia _____ Headache _____ Hearing Problems _____ Herniated Disk _____ Inflammation _____

Multiple Sclerosis _____ Nerve Pain _____ Parkinson's _____ Numbness/Tingling _____ Osteoporosis/Osteopenia _____

Skin Conditions _____ Sleep Apnea _____ Varicose Veins _____ Whiplash _____

Area of concern _____

Preference of Pressure: Very Light Light Medium Firm Deep

Are you wearing Contacts _____ Dentures _____ Hairpiece _____ Hearing Aide _____

Cancellation notice of 24 hours required. Failure to provide notice or failure to arrive to appointment may result in partial or full payment of session. Repeated violation of the cancellation policy will result in requirement to prepay to book appointments.

Consent for Treatment

I understand that massage/bodywork provided at Escape Spa is for the benefit of stress reduction and relief of muscular discomfort. I further understand the Massage Therapist does not diagnose illness, disease or disorders, does not perform spinal manipulations and does not prescribe medications. Massage Therapy should not be construed as a substitute for medical examination, diagnosis or treatment. I should seek a physician or medical specialist for any mental or physical ailments. Because massage/bodywork should not be performed under certain conditions, I affirm that I have updated known medical conditions and will keep the therapist informed of any health changes for the safety of my therapy. I will not hold the Therapist or Escape Spa to any liability shall I fail to update my medical profile.

If at any time I experience pain or discomfort during the session, I will inform the therapist so they can adjust the pressure or strokes to my level of comfort. I understand 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 the payment of the session. I understand some modalities may leave marks or bruising and I will keep the therapist informed of my comfort level. I hereby give consent for treatment.

Choose one please.

_____ I authorize my Therapist to receive a copy of my records if they leave Escape Spa, the original records will be retained at Escape Tranquility Spa.

_____ I do not authorize my Therapist to receive a copy of my records if they leave Escape Tranquility Spa

Client Signature _____ Date _____

Consent for MINOR to receive massage/bodywork name of Parent/Guardian _____

Parent/Guardian Signature _____

Therapist _____

Signature _____

Escape Tranquility Spa

PRENATAL

Date _____

Name _____

Birthday _____

Address _____

Phone _____

City _____ State _____

Email _____

Zip _____ Male/Female _____

Occupation _____

Emergency Contact _____

Phone _____

First Massage? _____ Weeks of Pregnancy _____

Health Information

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Client Signature _____ Date _____

Therapist _____

Signature _____