MASSAGE CLIENT INFORMATION FORM

PLEASE PRINT CLEARLY

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

I would like to receive offers and updates via email. ○ Yes ○ No, thanks

Employer: _____ Occupation: _____

Emergency Contact: _____ Contact Phone #: _____

Primary Care Physician and phone number: _____

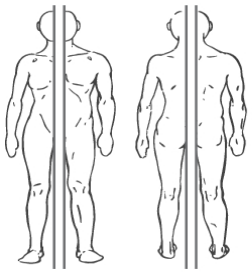
How did you hear about our spa? (please select one) ○ Sign on building ○ FAC ○ Magazine / Printed Ad

○ Friend or Relative ○ Returning Customer ○ Other: _____

Please check below if you have, or have had, any of the following:

○ High Blood Pressure	○ Muscle sprain / strain	○ Skin Rash
○ Varicose Veins / Clots	○ Phlebitis	○ Open Wound/ Sore
○ Tumors / Cysts	○ Cancer	○ Insect/Animal Bite
○ Skin Conditions	○ Diabetes	○ Severe Pain
○ Arthritis	○ Heart Conditions	○ Cold / Flu
○ Scoliosis / Spinal Injuries	○ TMJ	○ Anything Contagious
○ Head Injury	○ Headaches	○ Injuries or Bruises
○ Neck injury / Whiplash	○ Back pain	○ Contact Lenses
○ Broken Bones	○ Allergies	○ Hearing Aid
○ Seizures	○ Recent Surgeries	○ Prosthetic Device
○ Now Pregnant or Breastfeeding	○ Removable Dental Device	○ Brace for support/pain

On the image below, please circle areas of discomfort we should know about or pay extra attention to:



If you checked any of the above or have an unlisted condition or concern, please explain: _____

_____

_____

Have you ever had a massage before? _____ If yes, when? _____

I understand that the massage/treatment I receive is for the basic purpose of relaxation and enjoyment. I understand that massage is not a substitute for medical treatment or diagnosis. I have stated all my known medical conditions honestly. I understand that the Revive Day Spa reserves the right to refuse massages/treatments if determined to be unsafe for me due to any current or past medical conditions. Should I need to cancel future sessions, I agree to give full 24-hour notice to the Revive Day Spa or I will be financially responsible for the session time. I freely give my permission to be massaged.

Client's Signature: _____ Date: _____

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DAY SPA

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