



Massage Information Reflexology & Body Treatment Intake Form

Client Name:

Birthdate:

Email

How did you hear about the office?

Have you ever experienced a professional massage? If so when was your last massage?

What has brought you in today for massage?

Are you Claustrophobic?

Do you suffer from back and or neck pain? if so describe where?

Do you have tension, numbness, or stabbing pain in a specific area?

Do you experience frequent headaches? If so, how often?

Have you ever had surgery regarding the above or procedures you feel would help us treat you in regards to your pain? if so, please explain when and what for:

Have you broken any bones or torn or sprained any muscles or ligaments? If yes when?

Do you have Cardiac or Circulatory problems?



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Do you have any allergy or sensitivities to oils or lotions that you are aware of?
If so what?

Do you have any other medical condition or comments you would like us to be aware of?

Please take a moment to carefully read the following information initial and sign where indicated.

If there is a specific medical condition or symptom, massage may be contraindicated. A referral from a health care provider may be required prior to massage sessions. I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be used as a substitute for medical exam, diagnosis, or treatment. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose or prescribe any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and will continue to update any changes in my medical profile. I understand that there shall be no liability on the therapist part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. _____

This is to inform you that at Microspa our policy is to charge for missed or forgotten appointments without twenty-four hours' notice. The charge will be placed on the credit card that the appointment was held with or billed to the client directly you will not be able to book another appointment until the missed or



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forgotten appointment has been paid for. If you arrive late for your scheduled appointment your massage will end at its scheduled time. This is to respect the time of you, the people whom are scheduled after you, and the staff of Microspa.

The rates for scheduled missed appointments without twenty-four-hour notice are as follows:

Half-hour - \$25.00

One-hour - \$40.00

One & 1/2 hour - \$55.00

Signature:

Date