

One Woman Spa Massage Health Intake Form

Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip: _____
Best # to Reach you: (_____) _____
E-Mail: _____
Physician Name/Phone: _____
Emergency Contact: _____

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____ What is your Occupation? _____
____ Have you had a professional massage before?
____ What would you rate your stress level as?
 __Mild __Moderate __Severe
____ Are you on ANY medications or Supplements? (either topical or internal)
 If so, Please list: _____
____ Are you seeing a Physician for ANY reason?
 If So, Please list: _____
____ Do you have ANY allergies?
 If so, Please List: _____
____ Have you had ANY surgery in the last 6 months?
 If so, Please list: _____
____ Do you have high or low blood pressure? (please circle)
 If so, what is your BP? _____
____ Do you have Diabetes? If so how is it controlled? _____
____ Do you have spinal problems?
____ Do you see a Chiropractor regularly
____ Do you have circulatory problems, spider veins, varicose veins, or blood clots?
____ In the last 6 months have you had an infectious or contagious disease?
____ Have you been experiencing prolonged periods of depression?
 If so, what are you doing to help this? _____
____ Do you wear contact lenses? Hard or soft? _____
____ Do you wear a hearing aid?
____ Are you pregnant? If so what trimester? _____
____ Do you have ANY other medical conditions that I should be aware of?

____ Other than relaxation, what specific results would you like from today's
 massage? _____

Disclaimer:

I the undersigned understand that all the information above is true to the best of my knowledge. I understand that my Massage Practitioner does not diagnose illness, disease, or any other physical or mental disorder. I have told my Massage Practitioner all the information needed to proceed with this massage knowing that it will not do any physical or mental harm to me. It is clear to me that massage is not a substitute for any medical examination or diagnosis and that it is recommended that I see a physician for any physical or mental ailment I may have. I understand that this massage is in NO WAY sexual and if insinuated I will be asked to leave immediately and will pay for the full amount of the session.

Signature: _____ Date: _____