

~ Massage at Serenity Spa Salon ~

Name _____ Date _____
Address _____ Phone _____
City, State _____ Date of Birth _____
How did you hear about us? _____
Email (for special offers only) _____

Reason for initial visit: Relaxation Muscle Pain Stress
Area(s) of concern _____
Do you work on a computer most of your day? _____
Have you ever had a professional massage? Date of last massage _____

Have you had a recent _____ illness _____ injury _____ surgery?

Do you have sensitivity to heat cold scent?

Health Considerations (please check all that apply)

<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney Condition
<input type="checkbox"/> Cancer	<input type="checkbox"/> Sciatica	<input type="checkbox"/> Disc Problems
<input type="checkbox"/> Bruise easily	<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Edema
<input type="checkbox"/> High/Low Blood Pressure	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Neck Pain
<input type="checkbox"/> Sinus Problems	<input type="checkbox"/> Poor Circulation	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Numbness	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Headaches	
<input type="checkbox"/> Depression	<input type="checkbox"/> Allergies	

_____ I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension.

_____ I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

_____ I agree to keep my massage therapist updated as to changes in my medical profile.

_____ I understand that massage is usually given unclothed, modesty and comfort levels vary from person to person. You may choose to wear undergarments or a swimsuit or nothing at all. You will be covered with a top sheet and blanket and only uncovered for massage on back, arms, and legs.

Client Signature _____ Date _____