

# CLIENT INTAKE FORM – MASSAGE

(Includes promotional release, bottom of front page)

<b>PRINT CLEARLY - CLIENT NAME</b>		HOME #		CELL #	
ADDRESS		EMERGENCY CONTACT NAME EMERGENCY#			
CITY, STATE, ZIP		HOW DID YOU HEAR ABOUT US? OR REFERRED BY (PRINT)			
CLIENT LEGAL GUARDIAN (IF APPLICABLE)		EMAIL		DOB	

<b>READ QUESTIONS CAREFULLY (MARK: YES OR NO)</b>	YES	NO	<b>MEDICAL QUESTIONS (MARK: YES OR NO)</b>	YES	NO
Are you over the age of 18?			Any Injuries		
Is this your first massage?			Often experience stress?		
Are you pregnant? If, how many weeks?			Skin condition?		
Are you claustrophobic?			Have you had skin cancer?		
Do you smoke?			Suffer from chronic pain?		
Allergies to Oils or lotions? List below			Taking Medications?		
If yes, please list:			If yes, please list name & use:		

**Please indicate any of the following that apply to you**

Arthritis	Blood Clots	Cancer	Headaches / Migraines	High / Low Blood Pressure
Diabetes	Fibromyalgia	Heart Attack	Joint Replacement	Kidney Dysfunction
Neuropathy	Numbness	Stroke	Sprains or Strains	Other:

Fever      Severe Hypertension      Systemic contagious or infectious disease, common cold

Explain any conditions you have marked above or is not listed:

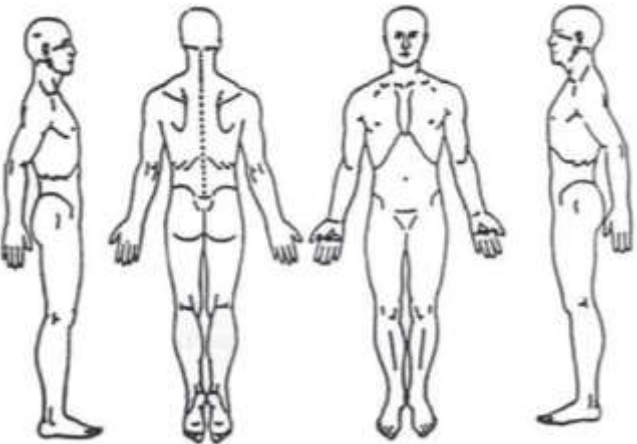
Therapist to **AVOID** this area or joint:

List any Explanations of Injuries or sensitivities to **OILS OR LOTIONS**:

<p><b>PRESSURE</b> Preference, <i>Circle one</i>:</p> <p>Light      Medium      DEEP</p>	<p><b>What TYPE OF MASSAGE</b> are you seeking:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 50%;">Relaxation / Swedish</td> <td style="border: 1px solid black; width: 50%;">Cupping / Medi-Cupping</td> </tr> <tr> <td style="border: 1px solid black;">Deep / Therapeutic</td> <td style="border: 1px solid black; background-color: #fce4d6;">Neck, Shoulder, Tension Relief</td> </tr> <tr> <td style="border: 1px solid black;">Custom Medical (sciatica, piriformis, etc)</td> <td style="border: 1px solid black;">Stretching</td> </tr> <tr> <td style="border: 1px solid black;">Manual Lymphatic Drainage</td> <td style="border: 1px solid black; background-color: #fce4d6;">Hot Stone Massage</td> </tr> <tr> <td style="border: 1px solid black;">Prenatal (MUST BE 13 WEEKS +)</td> <td style="border: 1px solid black;">Focus on this area(s) <b>ONLY</b>:</td> </tr> </table>	Relaxation / Swedish	Cupping / Medi-Cupping	Deep / Therapeutic	Neck, Shoulder, Tension Relief	Custom Medical (sciatica, piriformis, etc)	Stretching	Manual Lymphatic Drainage	Hot Stone Massage	Prenatal (MUST BE 13 WEEKS +)	Focus on this area(s) <b>ONLY</b> :
Relaxation / Swedish	Cupping / Medi-Cupping										
Deep / Therapeutic	Neck, Shoulder, Tension Relief										
Custom Medical (sciatica, piriformis, etc)	Stretching										
Manual Lymphatic Drainage	Hot Stone Massage										
Prenatal (MUST BE 13 WEEKS +)	Focus on this area(s) <b>ONLY</b> :										

**DO NOT MASSAGE THIS AREA(S)**  
(head, feet, face, abdomen, etc):

**Circle any areas of discomfort**



Please verbalize to your Therapist, areas you DO NOT want massaged

I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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I hereby agree to receive promotional emails and text on my cellular telephone from ANEW U SPA, LLC. I am aware I am able to unsubscribe at any time. I allow this to continue every two years unless I hit unsubscribe or notify Anew U Spa LLC.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CLIENT INTAKE FORM (CONT'D)

Please **read** and **initial** signifying you have **read each statement and understand** the meaning or consent to:

I understand that the services offered are not a substitute for medical care. I understand that the information herein is to aid the massage therapist in giving better services and is considered confidential. ☐

As professional massage therapist we adhere to a Code of Conduct intended to provide a safe, professional, and therapeutic environment for our clients, guests and employees. ☐

Modest draping will be used during the session. If at any time during the session you feel uncomfortable, **simply** ask your massage therapist to end the session. I understand, I need to undress. ☐

**Our professional recommendation is that Glute (Buttocks) Massage, may help relieve back pain from:**

- a bruise in the buttocks, such as from a fall or injury
- **sciatica**, a sharp, burning pain that radiates under the gluteal muscles from the sciatic nerve
- **herniated disc** (what happens when there is weakening of the cushion between the bodies of vertebral bones)
- **tailbone pain** (or sacrum)
- tight gluteal muscles maximus, medius, minimus, TFL, piriformis, gemelli, obturator, or quadratus femoris

**Massaging the Glutes** (Butt) helps relax the all-important gluteal muscles and eases pressure on other parts of the back, spine, and legs. When overworked or tight muscles can relax, they can recover more easily. This **helps prevent muscle pain, strain, and damage**. During assessment, we are able to check on the appropriate firing sequence of muscles.

☐ **I DO WANT** my buttocks (Glutes) massaged      OR      ☐ I DO **NOT** want my buttocks (Glutes) massaged

Manual Lymphatic Drainage, I understand my breast, stomach and groin areas may be massaged during draining technique ☐

It is your responsibility to inform us of any pre-existing conditions, limitations, or specific sensitivities and to inform your massage therapist if you feel any discomfort during the session. If you experience discomfort, you may ask the massage therapist to remove the product or tool, and or may ask to end the session. ☐

We may, in our sole discretion, refuse or discontinue massage therapy services if we determine such services may be unsafe or cause discomfort for you. ☐

The following are **contraindications** for a massage; I do not have any of these contraindications: ☐

- ✓ severe unstable **hypertension**
- ✓ significant **fever**
- ✓ systemic **contagious or infectious diseases**, including the common cold
- ✓ **acute conditions** requiring first aid or medical attention

The undersigned acknowledges he/she has read and understands this disclaimer.

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SIGNATURE:

DATE: