



CLIENT INTAKE FORM FOR MASSAGE AND/OR SPA TREATMENTS

I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Occupation _____

How did you hear about Crystal _____

Would you like to be contacted via email regarding specials, etc. from Crystal? Yes ____ No ____

Have you ever experienced any of the following: (please circle)

Massage Therapy, Scrubs, Wraps, Luxury Soaks, Bodywork, Energy Work, Breath Work?

If yes, please note exact modalities (example: Aromatherapy Massage, Hot Stone Massage, Scrub, Wrap)

Do you smoke? Yes ____ No ____ Do you drink alcohol? Yes ____ No ____

Are you currently taking any medications? Yes ____ No ____

If yes, please list name and reason for medications _____

Are you currently seeing a healthcare professional? Yes ____ No ____

If yes, please list names and reason/treatment _____

Please review this list for any conditions that have affected your health either recently or in the past. If recently put an “**R**” • If in the past (over a year) put a “**P**” • If chronic, put “**C**” and how many yrs.

- arthritis
- auto-immune condition
- back problems
- blood clots
- broken/dislocated bones
- bruise easily
- cancer
- chemical dependency (alcohol, drugs)
- chronic pain
- constipation/diarrhea
- depression, panic disorder, other psych condition
- diabetes
- diverticulitis
- *hepatitis (A, B, C, other)
- headaches
- heart conditions
- high blood pressure
- insomnia
- lupus
- muscle strain/sprain
- pregnancy
- scoliosis
- seizures
- skin conditions
- stroke
- TMJ disorder
- whiplash
- (*AIDS, fibromyalgia, chronic fatigue, etc.)
- Other _____

If any of the above needs to be detailed or if there is anything else to share, please do so:

Please add all surgeries or anything else not listed that I should be aware of: _____

In case of an emergency, a contact name and number and the hotel where you are staying:

Do you have any of the following today or in the past two weeks: Skin Rash Yes ___ No ___

Cold/Flu Yes ___ No ___ Open Cuts Yes ___ No ___ Anything Contagious Yes ___ No ___
Injuries/Bruises Yes ___ No ___ Severe Pain Yes ___ No ___ Migraine Headache Yes ___ No ___

Do you have any allergies to: Medications Yes ___ No ___ Foods Yes ___ No ___ (nuts, etc.)

Environmental Allergens (dust, pollen, fragrances) Yes ___ No ___ Essential Oils Yes ___ No ___

Reactions to Skin Care Products Yes ___ No ___ Coconut Oil Yes ___ No ___

Jojoba Oil Yes ___ No ___ Sesame Oil Yes ___ No ___

If any of the above are checked, please give details, and list anything else that you are allergic to:

Are you wearing: _____ contact lenses _____ hearing aid _____ hairpiece _____ dentures

Your appointment is for which session? _____

_____ Amount of time: _____ Hours _____ Minutes

What are your goals/expectations for this massage and/or spa treatment? _____

If I want to extend the length of time of my massage and/or spa/treatment, I understand I am responsible for paying the additional cost at the end of my session. _____ *please initial*

The following sometimes occurs during massage. They are normal responses to relaxation. Trust your body to express what it needs to: the need to move or change position, sighing, yawning, change in breathing, stomach gurgling, emotional feelings and/or expression, movement of intestinal gas, energy shifts, falling asleep, and memories. Please communicate any changes you are experiencing.

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing, reduce muscular tension, and increase circulation, it is not a substitute for a medical examination, diagnosis or treatment.
2. This is a therapeutic massage and/or spa treatment, any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled appointment.
3. Being that massage and/or spa treatments should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully and have filled out this form to the best of my knowledge at this time.

Missed Appointment Policy

I strive to provide a quality Private Practice as a Licensed Massage Therapist, providing services in a timely manner. Any missed appointment for one not cancelled 24 hours in advance will be charged the full price, 48 hours notice for 2 or more people. Please read all Policies and Procedures under the Home Menu at www.CrystalinSedona.com.

- No video or voice recording is allowed -

Signature: _____ Date _____

All Information on this Intake Form is Confidential