Massage Intake Form-New Client

Therapist's Name: _____

All Is Well
MASSAGE & SPA
Healing Hands To Pamper You

Appointment Time: _____ AM / PM Services Scheduled: _____

First Name: _____ Last Name: _____ Date of Birth: _____

Occupation: _____ (this will help us to diagnose the cause of your tension, stress, or pain)

Best time to follow up on your session (circle one): AM / PM / Evening How did you hear about us? _____

Reason/Expectations for this appointment: ◯ Relaxation ◯ Pain Relief/Therapeutic

How often do you seek a massage? ◯ 1x per week ◯ 1x per month ◯ 2x per month ◯ Other_____

What do you look for when scheduling an appointment (check all that apply)? ◯ Time ◯ Cost ◯ Convenience ◯ Therapist Preference

Is this a gift for (Birthday, Anniversary, etc.)? ◯ Yes ◯ No **Expectation:** Relaxation _____ Therapeutic_____

What Pressure do you need? ☐ Light ☐ Medium ☐ Firm ☐ **Deep (Available with Upcharge)**

Please indicate if any of the following applies to you:

- ☐ Cancer
- ☐ Headaches/Migraines
- ☐ Arthritis
- ☐ Diabetes
- ☐ Joint Replacement(s)
- ☐ High/Low Blood Pressure
- ☐ Neuropathy
- ☐ Fibromyalgia
- ☐ Stroke
- ☐ Heart Attack
- ☐ Kidney Dysfunction
- ☐ Blood Clots
- ☐ Numbness
- ☐ Sprains or Strains

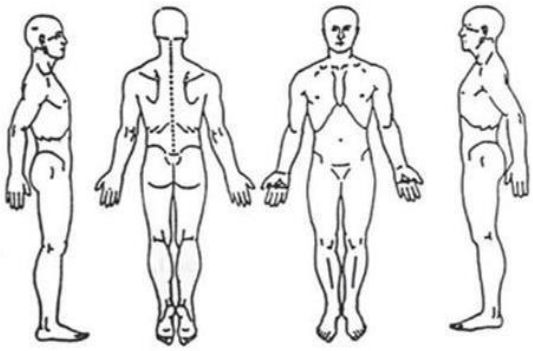
Explain any condition(s) you have marked above:

_____

_____

Please Mark ◯ for the area that you want your therapist to focus on. Mark X for the area you want them to avoid:

NO MASSAGE ON BREASTS, ABDOMEN, OR PRIVATES



Please indicate if any of the following applies to you:

Do you frequently suffer from extreme stress? ☐Yes ☐No

Have you suffered any accidents or injuries in the past that prevented you from getting a massage? ☐Yes ☐No

Have you ever had surgeries that prevent you from getting a massage? ☐Yes ☐No

Have you had any broken bones in the past two (2) years to prevent you from getting a massage? ☐Yes ☐No

Are you pregnant? ☐Yes ☐No If yes, how many weeks? _____

Are you taking any medication that will prevent you from getting massage(s)? ☐Yes ☐No _____

Do you have any contagious diseases? ☐Yes ☐No If yes, please specify: _____

Are you sensitive to touch or pressure anywhere? ☐Yes ☐No If yes, please specify: _____

ADD-ON (Enhancement): Add-on is incorporated in the primary service time frame scheduled; No additional time needed

Hot Stones	$15 ☐	Aroma Therapy	$10 ☐	Herbal Pain Relief Balm	$15 ☐
Hot Towels	$10 ☐	White Flower Balm	$15 ☐	Fresh Cucumber Face Mask	$15 ☐
Tiger Balm	$10 ☐	Cold Stone Face	$15 ☐	Mini Facial Gua Sha Face	$15 ☐
Sugar Hands Scrub	$15 ☐	Hot herb pack	$10 ☐	Aloe Vera Ice Cube Face	$15 ☐
Sugar Feet Scrub	$15 ☐	Peppermint / Lavender Scalp	$10 ☐	Aroma Eye Mask & Neck Pack	$10 ☐

THERAPIST'S SPECIAL MODALITIES UPCHARGE

Full Body Aromatherapy	**$20 ☐**	**Fire Cupping**	**$30 ☐**	**Back Walking**	**$20 ☐**
Deep Tissue	**$20 ☐**	**Herbal Foot Spa**	**$15 ☐**	**Lymphatic Drainage**	**$20 ☐**
Lemon-Milk-Salt Foot Spa	**$15 ☐**	**Prenatal**	**$20 ☐**	**Medical Massage**	**$20 ☐**
Sports Massage	**$20 ☐**	**Elite Therapist**	**$30 ☐**	**Infrared Heat Therapy**	**$15 ☐**

Please read the following policy statement in detail and sign below:

I am aware that **draping will be used** during the massage session, and I understand that the therapist will not perform massage on the **breasts, abdomen, or private areas**. I also understand that my **feedback is essential** to my treatment. If I feel uncomfortable for any reason after my session begins, I will bring it to the therapist's or front desk's attention and request the session to **end immediately**. I will be charged the **full-service fee** if I don't stop the session within **20 minutes** of its start. I can either change to another service provider or receive no charge for the 20-minute session.

Massage treatments at All Is Well Holistic Spa are for the sole purposes of **stress reduction, relief from muscle tension or spasms, and increasing circulation and energy flow** for relaxation and therapeutic purposes only. There is **no sexual component** to massage. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of the session and refusal of all future services. You will be charged the **full-service fee** regardless of the session length. Depending on the behavior exhibited, we may also file a report with **local authorities** if necessary. Treat your therapist with respect and dignity, and you will be treated likewise. Our company has **zero tolerance for inappropriate touch or sexual assault**. If you believe any service provider engaged in inappropriate touch, sexual assault, or an attempt thereof, stop the service, leave the room, and report to management immediately.

Massage therapists at All Is Well Holistic Spa do not **diagnose or prescribe** for medical illnesses, diseases, or other physical or mental disorders. Nothing said during the session should be interpreted as such. Massage therapists do not perform **spinal manipulations**. Massage therapy is not a substitute for **medical examination or diagnosis**, and it is recommended that a physician be consulted for any ailment you may have. It is the client's responsibility to discuss all physical conditions with the massage therapist before starting the session so that the therapist can perform their job effectively. Your massage therapist is only responsible for your **massage treatment**.

I agree to hold All Is Well Holistic Spa, its therapists, or any individual at this institution free of responsibility for my physical condition before or after receiving the usual and customary massage service, whether this service is one or more than one.

I agree not to solicit from the therapist or use the company's therapists' services outside of the All Is Well Holistic Spa facility.

I understand the **late arrival policy**: If I'm late for my session, I will only receive the remaining time of the scheduled appointment.

I also understand that **All Is Well Holistic Spa reserves the right to refuse services** to anyone.

I have read and fully understand this form. If my information or condition changes, I will notify my therapist and update this form before receiving additional messages.

Client's Signature : _____ Date : M_____D_____202_____

Therapist's Signature : _____ Date : M_____D_____202_____

Consent to Treatment of Minor: By my signature below, I hereby authorize All Is Well Holistic Spa Therapist to administer massage therapy to my child or dependent as they deem necessary.

Parent or Guardian's Name (Print)_____ Date: _____

Signature of Parent or Guardian: _____

Therapist's Signature: _____ Date: _____