Heaven & Earth
Massage & Day Spa
Intake Form

Name___________________________________ Email address____

Your address_______________________________________City_____________________State________Zip___________

Home Phone______________________________ Cell Phone____

Date of Birth _____________________________ Occupation____

Referred by: family/friend (Name____)

Radio☐ phone book ☐ drive by ☐ newspaper ☐ employee won gift certificate
☐ brochure ☐ doctor/chiropractor ☐ Yelp ☐ social media ☐ internet search ☐ other

Emergency Contact ____ Relationship___________________________
Phone___________________________________

General Health Profile

Have you had any of the following health problems, past or present?

☐Eczema	☐Varicose/Spider Veins	☐Contagious Disease	☐Headaches
☐Diabetes	☐High Blood Pressure	☐Sensitivity to Heat	☐Breast Implants
☐Circulatory	☐Heart Problems	☐Hemophilia	☐Pacemaker
☐Cancer	☐HIV	☐Epilepsy/Seizures	☐Cortisone Shots
☐Arthritis	☐Hepatitis	☐Osteoporosis	

Do you have any allergies? If yes, please explain____
If you are here for a massage today, have you ever received massage before? _________________________________
For women, are you pregnant? __________
How much water do you consume daily? __________
Do you bruise easily? __________
Do you have metal implants, a pacemaker, body piercing or dermal? ____
Are you currently or within the last year under a physician's care for something other than routine care? ________
If yes, please explain____
What sport or physical activity do you partake in? ____
Have you been in an accident, suffered any injuries or undergone surgery in the last 2 years? If yes, please explain____
Please list any medications/supplements that you currently take: ____
____
Are you currently using any topical prescriptions? ____
What type of massage pressure do you prefer? ☐light ☐medium ☐firm
Are you sensitive to touch or pressure in any area? ____

What do you hope to accomplish from/what are your goals for this session today? _________________________________
____

Please take a moment to carefully read the following information and sign where indicated. If you have any specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscle tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners 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 should be construed as such. All information is confidential and property of Heaven and Earth. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.
____(initial)

LATE CANCEL / NO SHOW POLICY

We kindly ask that you give 24 hours notice before canceling an appointment. Our late cancellation fee is $25.00 for appointments cancelled with less than a 24-hour notice. Our no show fee is the full price of the service.
______ (initial)

I have read and understand all of the above.

Client Signature:____Date___________________