

Client Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: (____) _____ Home: (____) _____ Work: (____) _____

Email: _____

To receive future coupons:

Date of Birth (mm/dd/year): _____ Wedding Anniversary (mm/dd/year): _____

Tell us more about yourself:

Occupation: _____ Employer: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Medications: _____ Physician: _____

Allergies: _____

Primary Reason for Appointment: Pain Relief Stress Relief Explain: _____

Who referred you? (circle all that apply):

Chiropractor PT Doctor Acupuncturist Naturapath Mid-wife Friend Family Spouse

Facebook Yelp Google Bing Spafinder Other _____

Name of the person who referred you: _____

Please answer the following questions by circling YES or NO:

Have you had a professional massage before?	YES	NO	Do you have high blood pressure?	YES	NO
Have you ever had surgery?	YES	NO	Are you sensitive to scents?	YES	NO
Do you have any spinal problems?	YES	NO	Do you have varicose veins?	YES	NO
Are you pregnant?	YES	NO	Have you had any blood clots?	YES	NO
Do you wear contact lenses or dentures?	YES	NO	Have you ever had cancer?	YES	NO
Are you taking any prescription medication?	YES	NO	Do you have arthritis?	YES	NO
Do you have chronic back pain?	YES	NO	Have you suffered any acute injuries?	YES	NO
Do you use any topical hormone cremes?	YES	NO	Do you have pain that radiates down legs or arms?	YES	NO
Do you have frequent headaches?	YES	NO	Do you suffer from tension?	YES	NO
Are you constantly tired?	YES	NO	Do you have chronic diarrhea?	YES	NO
Do you have any heart problems?	YES	NO	Do you have chronic constipation?	YES	NO
Are you diabetic or hyperglycemic?	YES	NO	Do you have any open wounds?	YES	NO
Are you allergic to shellfish?	YES	NO	Do you prefer silence during your treatment?	YES	NO

Please explain any applicable YES answers: _____

Practice Guidelines and Boundaries

 **TIME**

- Client will show up on time.
- Client will give 24-hour cancellation notice or the client will be billed for the session.
- A session can be lengthened based on the therapist’s schedule.
- If a client shows up late for an appointment, the client will be billed for a full session and treated for the remaining time.
- A one-hour session lasts 60 minutes.
- If an emergency occurs for either the client or the therapist, the session may be rescheduled based on mutual agreement.

 **CONFIDENTIALITY**

- The therapist does not share information about the session with others.
- A written requests is required for any release of client treatment information.

 **TREATMENT**

- The client must have proper hygiene (no open sores, dirty skin, etc.).
- The client determines which pieces of clothing to remove.
- The client disrobes/robes when the therapist is not present in the room.
- The therapist and client will discuss what is most appropriate for each treatment.
- Only the area that is being worked on will be uncovered.
- The client is encouraged to communicate any pain, concerns with pressure, or questions to the therapist.
- An adult must be present in the treatment room for any person under the age of 13 years old during the treatment.
- An adult must accompany any person between the age of 14-18 years old during the treatment.
- I understand that the massage table can safely support 350 pounds of weight and that I am not over 350 pounds.
- **Absolutely NO sexual intonation or behavior is tolerated.**

 **PAYMENT**

- Payment is due at the time when service is rendered.
- Cash, checks, Visa/MasterCard/Discover/AMEX, SpaFinder.
- Gratuity/Tip is greatly appreciated.

Release of Liability

I understand that a massage therapist or skincare technician does not diagnose illness, disease, or any other physical or mental disorder. As such, he or she does not prescribe medical treatment or pharmaceuticals and does not perform spinal manipulations. The massage therapy or skincare treatment provided is for the purpose of stress reduction, relief from muscular tension or spasms, or for increasing circulation. I further understand that this massage or skincare treatment does not substitute for any medical examination or diagnosis and that it is recommended I see a physician for any ailments I may have.

Because massage therapists and skincare technicians must be made aware of any existing physical conditions, I have stated all known medical conditions and am solely responsible for keeping my therapist and/or technician updated on my physical health. If changes occur, I agree to disclose any additional medical concerns in writing, if requested.

I fully understand that I am receiving a massage or skincare service at my own risk and hereby release Sunflower Spa LLC, its owners, officers, employees, contractors, and all individuals assisting in the conduct of services at the Sunflower Spa LLC from any and all liability. By signing, I testify that the information presented is truthful and accurate.

Signature: _____ Date: _____



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