

Massage/Touch Therapy Notification Form

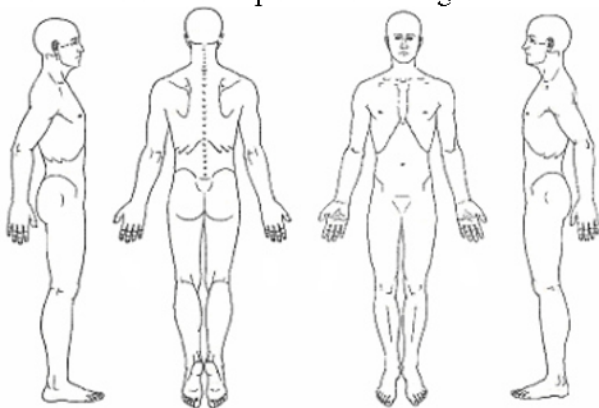
Client Name: _____ **Date:** _____

Please answer the following questions to ensure a comfortable and safe massage session:

1. What is your primary goal for this session?

- Relaxation, stress reduction
- Relieve muscle tension. specify area: _____
- Other, please specify: _____

Please indicate areas of pain on the image below:



Do you have any skin conditions, open wounds, sores on your body?
 ___ Y ___ N If so please indicate on image to the left.

Are you taking any blood thinners?
 ___ Y ___ N

Do you have varicose veins?
 ___ Y ___ N If so please indicate on image to the left.

2. Have you had any illness, accidents, injury recently OR New Medications since your last visit? ___ Y ___ N
 If so, please explain briefly _____

3. Are you experiencing any of the following today? Check all that apply:
 ___ pain or soreness ___ numbness or tingling ___ dizziness ___ stiffness ___ swelling ___ nausea

4. Do you have any allergies, especially to oils or lotions? ___ Y ___ N
 If so, please explain briefly _____

5. For women -Are you pregnant? ___ Y ___ N

I WOULD LIKE TO ENHANCE MY SERVICE WITH THE FOLLOWING: (dependent on practitioner & room availability)

___ Aromatherapy with Essential oils (ask to smell our Blends!) \$10.00
 ___ Relaxation ___ Sore Muscles ___ Sinus Relief ___ Detoxing & Purifying

___ Massage - Add-on 30 minutes: (Price depends on massage type)
 ___ Magnetic Therapy - (P.E.M.F) 20 minutes: Increases oxygen to cells, improves circulation, reduces inflammation. \$25.00
 ___ Detoxification Foot Bath – 30 minutes: Help your body release toxins through the feet into a bath of warm salt water. \$35.00
 ___ Wellness Consultation - I am interested in a FREE 15 Minute Metabolic Reboot Consultation

I have answered the above questions to the best of my ability. I acknowledge that touch therapy does not include medical diagnosis and that I should see an medical health care provider to diagnose and treat medical problems. I give my consent for this session.

Signature: _____ Date _____

For Office Use Only

S. _____

 O. _____

 A. _____

 P. _____
