

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 Sex:  Male  Female  
 Occupation: \_\_\_\_\_  
 Referred By: \_\_\_\_\_  
 Would you like to receive last minute email offers?  Yes  No

Have you received a professional massage before?  Yes  No  
 If yes, how often? \_\_\_\_\_  
 What was the favorite part of your last massage? \_\_\_\_\_  
 Do you have any difficulty lying on your front, back, or side?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Do you have any allergies?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 Are you currently taking any medications?  Yes  No  
 If yes, please list: \_\_\_\_\_  
 Are you currently under the care of a medical professional?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Do you sit for long hours at a desk, computer, or while driving?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 Do you perform any repetitive movement in work, sport, or hobby?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 Are you pregnant?  Yes  No  
 If yes, please state week of pregnancy: \_\_\_\_\_  
 Are you experiencing specific tension, stiffness, or pain?  Yes  No  
 If yes, please identify: \_\_\_\_\_  
 Do you have any particular goals for this massage session?  Yes  No  
 If yes, please identify: \_\_\_\_\_

*Please check all conditions that apply:*

- headaches/migraines
- contagious skin condition
- plantar warts
- open sores or wounds
- easy bruising
- recent accident or injury
- recent fracture
- recent surgery
- sprains/strains
- current fever
- heart condition
- high or low blood pressure
- circulatory disorder
- varicose veins
- atherosclerosis
- deep vein thrombosis/blood clots
- joint disorder
- diabetes
- Fibromyalgia
- TMJ
- carpal tunnel syndrome
- tennis elbow
- Accutaine, Differin or Retin A
- Other: \_\_\_\_\_

## Informed Consent

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage 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 therapists 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 given should be construed as such. Because massage 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on Rejuvenation Spa or the therapist's part should I fail to do so. Parent or guardian must sign and give consent for guests 17 and under.

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_