

# Pure Escape Spa

## Confidential Client Information Sheet

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ Home Phone # (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Emergency Contact and Number: \_\_\_\_\_

Thank you for including massage in your health plan! Please read the following information and questions so that we may provide you with the safest treatment possible. There may be medical reasons that do not allow us to provide you massage today. Physician's written approval may be necessary.

Please check all of the following conditions, which apply:

<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Allergies	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Disc Problems
<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Rashes	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Numbness
<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Herpes	<input type="checkbox"/> Constipation	<input type="checkbox"/> Headaches
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Athletes Foot	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Nerve Pain
<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Depression	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Cancer	Other: _____

**Yes**    **No**

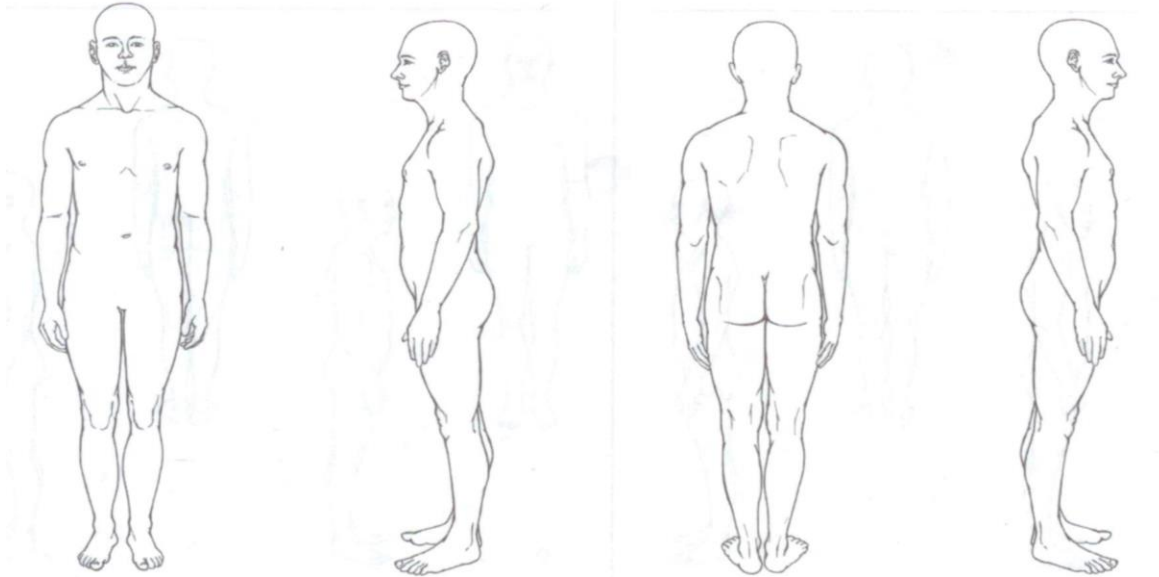
X	X	Have you ever had a professional massage?
X	X	Do you have skin problems or allergies to lotions, scents, or oils?
X	X	Do you have spinal problems? _____
X	X	Have you ever had surgery? _____
X	X	Have you suffered an injury or serious fall? _____
X	X	Do you currently have bacterial/viral infections such as common cold, flu, fevers, hepatitis? Please describe: _____
X	X	Do you currently have an infectious skin disease such as dermatitis, poison oak, etc.? _____
X	X	Have you ever been in a car accident? When/Injury: _____
X	X	Have you ever broken any bones? _____
X	X	Are you taking any medications (including aspirin)? List: _____

What results do you want from this massage? \_\_\_\_\_

Please Turn Over →

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Shade areas on figures marking location of symptoms such as Pain, tightness, stiffness, tension in muscles or joints, swelling and spasms. Also label previous and current injuries.



I understand that massage is given here for the purpose of relaxation, stress reduction, relief from muscular tension, spasm or pain and for increasing circulation or energy flow. I understand that the Licensed Massage Practitioner (LMP) does not diagnose illness, prescribe medications or medical treatment, or perform spinal adjustments. I understand that massage is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have. I have stated all my known medical conditions and take it upon myself to keep the massage practitioner updated on my physical health.

*I understand that the **cancellation policy** for Pure Escape Spa requires me to give a 24-hour advanced notice to cancel scheduled massages. Failure to provide adequate cancellation notice or failure to show up for a massage will result my being charged for the full scheduled massage appointment time. Late arrivals for scheduled appointments will result in being charged the full session and only receiving the remainder of the session if the therapists schedule doesn't permit them to make other accommodations. I also understand that if I am having an insurance massage I am responsible for the payment if my plan does not cover or does not pay for the massage. The massage practitioner reserves the right to refuse service to anyone for any reason.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent to Treatment of a Minor

(I)(We) undersigned, parent(s)/person having legal custody/ legal guardianship of \_\_\_\_\_ a minor, do hereby consent and authorize Pure Escape Spa to provide massage therapy treatment to the before named minor. It is understood that this authorization is given in advance of any specific treatment as deemed appropriate to care.

This authorization shall remain effective until revoked in writing and delivered to Pure Escape Spa by the undersigned.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_