

# MASSAGE



**NAME:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
CITY STATE ZIP

**EMAIL:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_  
(IF REFERRED BY ANOTHER CLIENT, PLEASE PROVIDE THEIR FIRST AND LAST NAME)

**DO WE HAVE PERMISSION TO USE ANY PHOTOS OR VIDEOS TAKEN FOR MARKETING PURPOSES?**  Yes  No

## MEDICAL INTAKE

Current or previous major illnesses: \_\_\_\_\_

Current or previous injuries or accidents: \_\_\_\_\_

Please indicate if any of the following are relevant to your medical history:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Epilepsy/Seizures   | <input type="checkbox"/> Osteoporosis                 |
| <input type="checkbox"/> Arthritis            | <input type="checkbox"/> Flu/Cold            | <input type="checkbox"/> Scoliosis/Lordosis           |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Headaches           | <input type="checkbox"/> Skin Disorders               |
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Sinus Problems               |
| <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Varicose veins               |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Previous MVA/Trauma | <input type="checkbox"/> Infections/Conditions: _____ |
| <input type="checkbox"/> Other: _____         |  |   |

Are you pregnant?  Yes  No If yes, how many weeks: \_\_\_\_\_

Are you currently under the care of a physician?  Yes  No

Are you currently taking any medications  Yes  No

If yes, please list: \_\_\_\_\_

WE RESERVE THE RIGHT TO REQUEST A DOCTOR'S CLEARANCE BEFORE ALLOWING YOU TO RECEIVE MASSAGE THERAPY.

## SELF-ASSESSMENT

Purpose/Reason for today's visit: \_\_\_\_\_

Have you had a professional massage before?  Yes  No

What pressure do you prefer?  Light  Medium  Deep/Firm

Do you suffer from chronic pain?  Yes  No

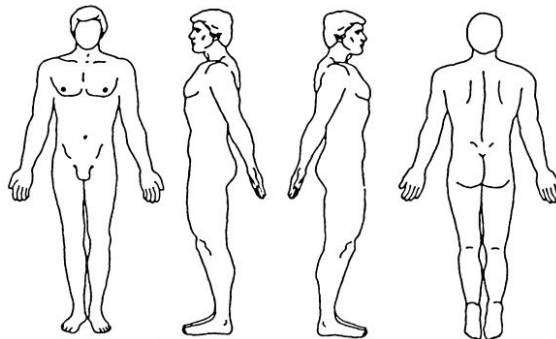
If yes, please explain: \_\_\_\_\_

What makes it better? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

Are there any areas you do not want massaged?  Feet  Legs  Arms  Chest  Glutes

Please circle areas of focus:





## ACKNOWLEDGEMENT

- Focused attention and manual therapy will be given as agreed upon by the massage therapist and client for the predetermined goals of stress reduction, relief of muscular discomfort, and/or health promotion. I understand that the massage therapist is not a licensed physician or chiropractor.
- I will immediately inform my massage therapist of any unusual sensation or discomfort, so that the application of pressure or technique may be adjusted to my level of comfort, and agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to receive soft tissue therapy and massage services.
- I understand that there is no implied or stated guarantee of success or effectiveness with massage therapy treatments.
- I understand that by signing this form, I give my consent to receive the massage therapy treatments discussed in the initial and all future sessions and agree that my presence at subsequent sessions shall be constructed to be continuation of this written consent. Also, by signing this form, I hereby release Remedi Elite Day Spa LLC and therapists providing services through Remedi Elite Day Spa LLC from any and all liability relating to soft tissue therapy and massage services received.

## LIABILITY WAIVER AND RELEASE

By signing below, the client acknowledges that they are aware of their own health and physical condition. Having such knowledge, the client further acknowledges that they are voluntarily receiving soft tissue therapy and massage services from Remedi Elite Day Spa LLC and hereby assumes all risks connected therewith and consent to receive such therapy and services. The client also hereby releases and holds harmless Remedi Elite Day Spa LLC, its massage therapists, officers, and employees of any liability, loss, cost, damage, expense, claim, or suit whatsoever for any or all injury, loss, illness, harm, cost, expense, claim, suit, damage, or other claim resulting from, related to, or in any way arising from the receipt of soft tissue therapy and massage services.

IN NO EVENT WILL REMEDI ELITE DAY SPA LLC BE LIABLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES INCLUDING, WITHOUT LIMITATION, ANY CLAIM OR DEMAND AGAINST THE CLIENT BY ANY OTHER PARTY DUE TO ANY CAUSE WHATSOEVER, EVEN IF THE CLIENT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. REMEDI ELITE DAY SPA LLC'S LIABILITY HEREUNDER, REGARDLESS OF THE FORM OF ACTION, SHALL NOT EXCEED THE TOTAL AMOUNT PAID FOR SERVICES UNDER THIS AGREEMENT, WHICH SHALL BE THE CLIENT'S SOLE AND EXCLUSIVE REMEDY.

The client understands that the owner of and agent for any property where soft tissue therapy and massage services are provided will be third party beneficiaries of this Liability Waiver and Release.

This Liability Waiver and Release shall be effective as of the client's signature below, shall remain in effect for all future sessions with Remedi Elite Day Spa LLC, and shall survive termination of client's receipt of services from Remedi Elite Day Spa LLC.

## POLICIES AND PROCEDURES

IN ORDER TO ASSURE THE BEST CARE TO OUR CLIENTS AND STAFF, PLEASE BE AWARE OF THE POLICIES AND PROCEDURES LISTED BELOW.

**ARRIVAL:** We request that you arrive approximately 15-30 minutes prior to your scheduled massage. Late arrivals will render the remainder of the scheduled service(s).

**SCHEDULING APPOINTMENTS:** To hold your appointment, a credit card is required at the time of scheduling. Additionally, payment is required when scheduling online.

**CANCELLATION POLICY:** You will be emailed, called and/or texted to confirm 1-2 days prior to your appointment. As a courtesy to our clients and staff, it is company policy for all clients to give a 24 hours' notice of cancellation. Failure to do so will result in a 50% charge of your scheduled treatment(s). Clients who miss their appointments without giving any prior notification will be charged in full for the missed treatment(s).

**GRATUITY:** Gratuities may be paid in cash or charged to your credit card upon request. The amount you leave is at your discretion however, 15-20% is customary.

**REFUNDS:** Services are final sale. Gift cards and laser packages are non-refundable but may be transferable. All jewelry is final sale. Skin care and body care products are returnable within two weeks of purchase with a receipt.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTOOD THE CONTENT OF THE ACKNOWLEDGEMENT, THE LIABILITY WAIVER & RELEASE, AND THE POLICIES & PROCEDURES, AND THAT THE INFORMATION I PROVIDED ARE COMPLETE, ACCURATE, AND UP TO DATE TO MY KNOWLEDGE.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_