

Massage Intake and Release Form

YOGA WELLNESS SPA

Yoga Yoga 360

First Name: _____ Last Name: _____
Street Address: _____
City/State/Zip Code: _____
Primary Phone: _____ Cell: _____
Email: _____ Date of Birth: _____
Emergency Contact: _____ Relationship: _____
Emergency Contact Phone: _____
Would you like to sign up to receive our monthly newsletters for special deals and tips? yes / no

Primary reason for your appointment today: _____

Have you had a professional massage before? yes / no

If yes, when: _____

Please list any physical issues: _____

Have you suffered an acute injury lately? yes / no

If yes, please describe: _____

Have you had surgery before? yes / no

If yes, please describe: _____

Are you currently on any medications? yes / no

If yes, please list: _____

Do you have skin problems or allergies? yes / no

If yes, please describe: _____

Are you pregnant? yes / no

Are you wearing contact lenses? yes / no

Do you have (circle all that apply):

Varicose Veins Blood Clots Arthritis Heart Condition Spinal Problems High Blood Pressure Cold Sores

Is there anything else I should be aware of before your treatment _____

TO BE COMPLETED BY THERAPIST

• Areas to be massaged in a full body massage (Please Circle): face, neck and shoulders, back, arms, abdominals, buttocks, hip flexors, legs and feet.

• Areas to be avoided due to contraindications: _____

• Techniques to be used (Please Circle): Swedish, Deep Tissue, Trigger Point, Reflexology, Joint Range of motion techniques and stretches.

I understand that massage therapy given here today is for the purpose of stress reduction or for relief from muscular tension or spasm. It has been made clear to me that massage therapy is not a substitute for medical examination and/or diagnosis. I have stated all my physical and medical conditions and taken it upon myself to keep the therapist updated on my physical health. I am aware that I will be properly draped at all times during my massage and that massage therapy is a non-sexual form of health care. At no time will the therapist massage genitalia, including the breasts. I fully understand that Yoga Yoga and its agents may refuse to perform the treatment I have requested if I have answered "yes" to any of the above questions. I understand that I have given up substantial rights by signing this release and that it represents an agreement between Yoga Yoga and me. I agree that my participation in treatment(s) is voluntary and I accept the inherent risks. I hereby release Yoga Yoga, its agents, owners, employees, successors and assigns, and suppliers from any and all damage or injury that may result from the treatment I receive. I represent that all information provided by me has been true and correct. I am over the age of 17 years old. I hereby authorize the therapist to perform massages & treatments. If uncomfortable for any reason, the client or therapist may end the massage.

Guest's (or Guardian's) Signature: _____

Date: _____

Reviewed by: _____

(Yoga Yoga Staff Use Only) Therapist's printed name

Signature

Date

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