



Shelley's Day Spa & Salon Massage Intake Forms

General Health:

There are certain medical conditions for which massage is contraindicated. In some cases, a doctor's release may be needed or the area can be avoided. If you are unsure if this applies to you, ask the Front Desk Staff for a list.

List all **allergies** known to you: (Examples: Animal Protein, Foods, Aspirin, Lidocaine, Hydrocortisone, or any skin bleaching agent) _____

Have you ever had an allergic reaction? (List any and all that you have had and describe the reaction you experienced) _____

Do you have now or have ever had any medical conditions (Diabetes, Seizures, Osteoporosis, Arthritis, High Blood Pressure, Cancer, Thyroid, Blood Clotting, Skin Lesions, Contagious Disease, Cardiac or circulatory problems or any active infection): _____

You MUST be FREE of any Contagious Illness (Cold, Flu, Virus) for at **LEAST 48 HOURS**

Are you currently under the care of a physician? Yes No **If yes**, for what:

Are you currently:

Undergoing Chemotherapy? Yes No **If yes**, date of your 1st Treatment _____

Undergoing Radiation? Yes No **If yes**, date of last Treatment _____

Are you **Pregnant** or trying to become pregnant? Yes No

If you are PREGNANT, how many weeks are you? For you and your baby's safety we **WILL NOT** do a massage in the **1st Trimester!**

Are you breastfeeding? Yes No

In the last 2 years have you had any broken bone or injuries? _____

Do you have any Stiffness or Soreness? Yes No **If yes**, Explain _____

MEDICATIONS

Do you take any medications for heart conditions? _____

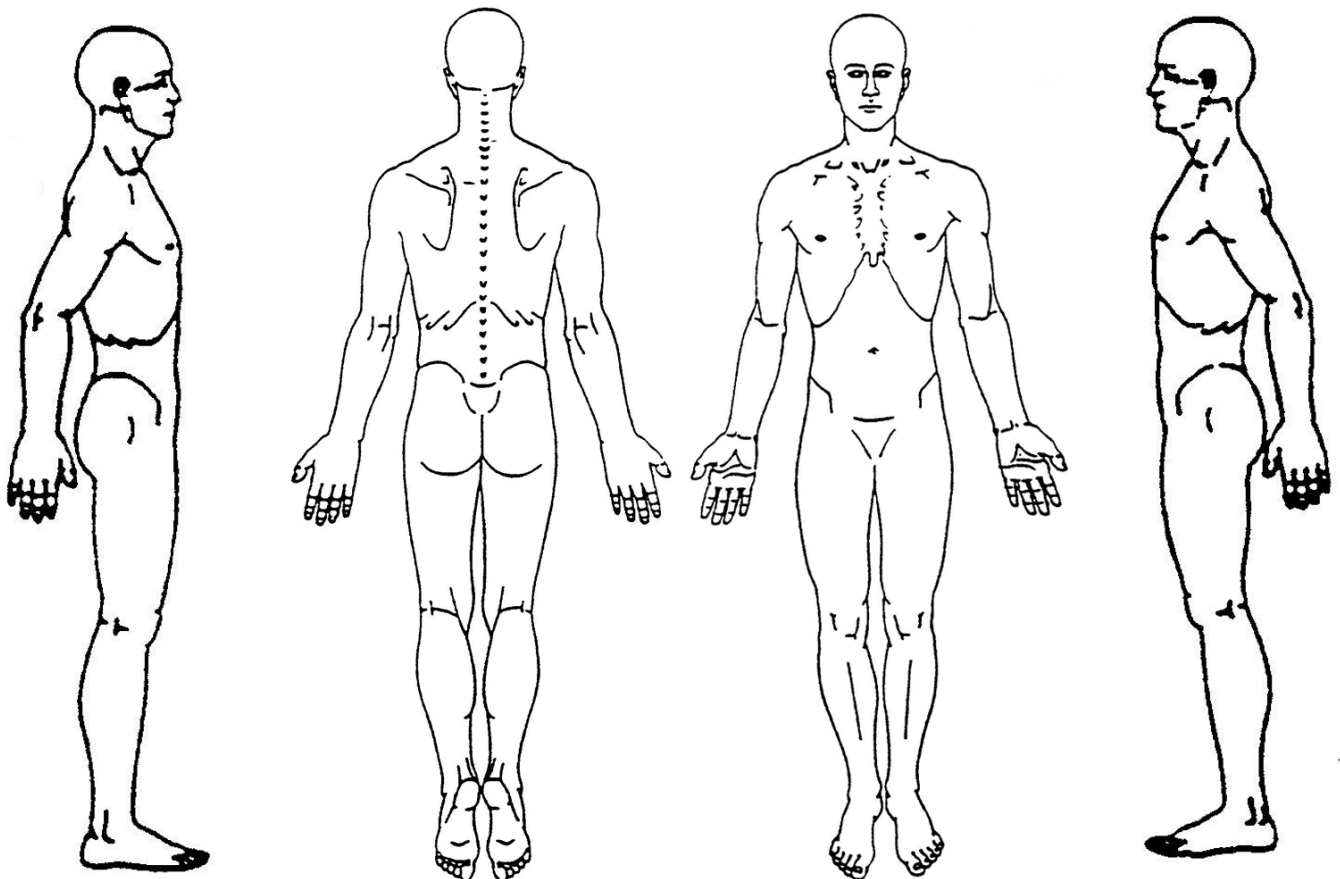
What topical medications, or creams are you currently using? _____

What oral prescription medications are you presently taking? _____



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<p>The Texas Administrative Code, Title 25, Part 1, Chapter 140, Subchapter H, Rule §140.304 states that this initial consultation document is required and that it must include the following information:</p>	
<p>The type of massage techniques we offer are Swedish/ relaxation massage, deep tissue, aroma therapy, prenatal massage, and hot stone. Anything other than Swedish/ Relaxation Massage must have been scheduled at the time of your making the appointment.</p>	
<p>The massage therapist will not perform breast massage on female clients without written consent of the client.</p>	<p>Not offered at this time</p>
<p>Draping will be used during the session, unless otherwise agreed to by both client and therapist.</p>	<p>“Draping” means your body will be modestly covered by a sheet during the massage.</p>
<p>A statement that if the client is uncomfortable for any reason, the client may ask the therapist to change or to cease the massage, and the therapist will do so.</p>	<p>As a therapist, I also reserve the right to terminate the session in the event of any sort of abusive behavior should result in an abbreviated session, the client will be expected to render full payment.</p>
<p>The parts of the clients body that will be massaged or the areas of the clients body that will be avoided during the session, including indications and contraindications.</p>	<p>On the chart below, please: Place a X over any area to be avoided and Place a CIRCLE on areas that need extra attention Place a “T” where you are ticklish</p>





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Name: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip Code _____

Email Address: _____ Date Of Birth: ____/____/____

Referred By: _____

I am aware that the massage therapist does not diagnose illness, disease, or prescribe medications. I understand that massage therapy is not a substitute for medical treatment or medications and that it is recommended that I work with my primary caregiver or chiropractor.

I have read and agree to the above.

Client Signature: _____ Date: ____/____/____

Therapist Signature & License Number: _____ Date: ____/____/____

Therapist SOAP Notes: _____
