Vitality Spa & Wellness

Name _____Birthday_____ Referred By_____

Street_____ City _____ Occupation_____

Phone: Home _____ Cell_____ Email_____

Emergency Contact Name/ Relationship_____ Phone #_____

Please indicate if you have any of the following conditions:

__ Allergies
__ Blood clots
__ Chronic pain
__ Fatigue
__ Heart Problems
__ Lung problems/asthma
__ Phlebitis
__ Recent surgery
__Surgical Implants
__ Aneurysm
__ Bruise easily
__ Diabetes
__ Fibromyalgia
__ Herpes
__ Muscle or joint pain
__ Psoriasis
__ Seizures
__ Varicose Veins
__ Arthritis
__ Cancer
__ Depression
__ Headache
__ High Blood pressure
__ Low Blood Pressure
__ Neuromuscular
__ Sprains
__ Athlete's foot
__ Contact lenses
__ Eczema
__ Hearing Aid
__Infectious conditions
__ Osteoporosis
__ Pregnancy/Current
__ Shingles

We practice proper draping techniques to protect your modesty. Please undress to your comfort level, we can work around any garments if you choose to leave them on. Are there any areas you prefer to avoid?_____
Do you take medications? **Y/ N** For what conditions? _____

Facials: Do you use any of the following? (Please circle): Accutane, Retin A, Glycolic Products

Massage: I understand that the massage/bodywork I receive is provided for the 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 technique may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as substitute for medical examination, diagnosis, or treatment and that I should see a physician, 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 the therapists part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature_____ Date _____

Consent to treatment of a Minor: By my signature below, I hereby authorize Vitality Spa to administer massage/ bodywork to my child or dependent as they deem necessary.

Signature of Parent or Guardian Date: