Spa ONE EIGHTY
Auburn, Al

Massage Client Information

Name: _____ Date: _____

Occupation: _____ DOB: _____

Have you ever received a professional massage? Yes No

Are you currently pregnant? Yes No
(If yes, please fill out Pregnancy Massage Form)

Primary reason for receiving a massage today: (ex: relaxation, back pain, stress relief, gift certificate)

_____

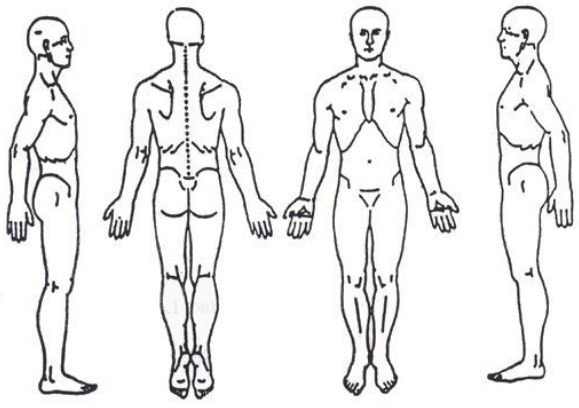
Are you currently under the care of a physician/chiropractor? Yes No
If so, please specify for what reason:

_____

Please circle any of the following conditions or symptoms which apply to you:
(please specify what type, if applicable)

Heart Attack/Stroke	Skin Infection/Open Wounds	arthritis
Fibromyalgia	Headaches	Sinus issues
Cancer	Muscle Sprain/Strain	Diabetes
Osteoporosis	Neuropathy	TMJ
Blood Clots	Epilepsy/Siezure Disorder	Numbness

Please circle any specific areas of discomfort on the body chart below:



What Level of Pressure would you prefer?

Light

Medium

Deep

Are there any specific areas (feet, head, abdomen, etc.) you would NOT like to be massaged? If yes, Please specify.

_____

_____

Are you currently taking any blood thinners? Yes No

Current medications and supplements:

_____

_____

_____

Please list past/present injuries or Medical Conditions and the year they occurred:

_____

_____

_____

Please list any surgeries:

_____

_____

Please list any allergies or sensitivities:

_____

_____

_____

I understand that massage therapy services are a therapeutic health aid and do not take the place of a physician's care.
I verify that the information given regarding my known physical conditions, medical conditions, and medications is correct to the best of my knowledge, and I agree to inform One Eighty Wellness Spa of any changes.

Signature _____ Date _____