Crystal in Sedona LMT

Private Organic Spa

CLIENT INTAKE FORM

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name _____ Date of Birth_____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Occupation _____

How did you hear about Crystal in Sedona? _____

Would you like to be contacted via email regarding Specials, etc. from Crystal? Yes ____ No ____

Have you ever experienced any of the following: (please circle)

Massage Therapy, Bodywork, Energy Work, a Scrub, a Wrap, or a Luxury Soak?

If yes to any of the above please note exact modalities (example: Aromatherapy Massage, Hot Stone Massage, Sugar Scrub, Lavender Wrap.) _____

_____

_____

_____

Are you currently taking any medications? Yes ____ No ____

If yes, please list name and reason for medications _____

_____

_____

_____

Are you currently seeing a healthcare professional? Yes ____ No ____

If yes, please list names and reason/treatment _____

_____

_____

_____

Please review this list for any conditions that have affected your health either recently or in the past. If recently please put "R" and if in the past (over a year) please put "P."

____ arthritis
____ auto-immune condition
____ back problems
____ blood clots
____ broken/dislocated bones
____ bruise easily
____ cancer
____ chemical dependency (alcohol, drugs)
____ chronic pain
____ constipation/diarrhea
____ depression, panic disorder, other psych condition
____ diabetes
____ diverticulitis
____ *hepatitis (A, B, C, other)
____ headaches
____ heart conditions
____ high blood pressure
____ insomnia
____ muscle strain/sprain
____ pregnancy
____ scoliosis
____ seizures
____ skin conditions
____ stroke surgery
____ TMJ disorder
____ whiplash
____ (*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)

If any of the above needs to be detailed or if there is anything else to share, please do so:

_____

_____

_____

_____

_____

Please add all surgeries or anything else not listed that I should be aware of: _____

_____

_____

_____

_____

_____

Do you have any of the following today: skin rash Yes ___ No ___ cold/flu Yes ___ No ___
open cuts Yes ___ No___ anything contagious Yes ___ No___ injuries/bruises Yes ___ No___
severe pain Yes ___ No___ migraine headache Yes ___ No ___

Do you have any allergies to: medications Yes ___ No___ foods Yes ___ No___(nuts, etc.)
environmental allergens (dust, pollen, fragrances) Yes ___ No___ essential oils Yes ___ No ___
reactions to skin care products Yes ___ No___
If any of the above are checked, please give details: _____

_____

_____

_____

_____

Are you wearing: _____contact lenses _____ hearing aid _____ hairpiece _____dentures

What are your goals/expectations for this therapy session ? _____

_____

_____

The following sometimes occurs during massage. They are normal responses to relaxation. Trust your body to express what it needs to: need to move or change position, sighing, yawning, change in breathing, stomach gurgling, emotional feelings and/or expression, movement of intestinal gas, energy shifts, falling asleep, and memories. Please communicate any changes you are experiencing.

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing, reduce muscular tension, and increase circulation, it is not a substitute for a medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully and have filled out this form to the best of my knowledge at this time.

Missed Appointment Policy

I strive to provide a quality Private Practice as a Licensed Massage Therapist providing services in a timely manner. Any missed appointment not cancelled *24* hours in advance will be charged the full price. Any *100 minute session or longer* not cancelled *48* hours in advance will be charged the full price. Please extend common courtesy to myself and other client's who may wish to schedule during that time.

Signature: _____ Date _____

All Information on this Intake Form is Confidential