

Massage Consultation Form



Name: _____ Date of Birth: _____

Date: _____ acac Member: **Yes** **No**

Address: _____

Email: _____

Home phone: _____ Cell phone: _____

Referred by: _____

Emergency contact name and phone number: _____

Would you like to be notified by email of spa specials, events and promotions? **Yes** **No**

What type of massage are you here for today? _____

What prompted you to schedule a massage? _____

Have you ever had a professional massage before? **Yes** **No**

How often do you get a massage? _____

Healthy History

Are you currently under the care of a medical professional or chiropractor? **Yes** **No**

Are you pregnant? **Yes** **No** If yes, which trimester? _____

Please list any injuries, surgeries or health conditions: _____

Please list any known allergies: _____

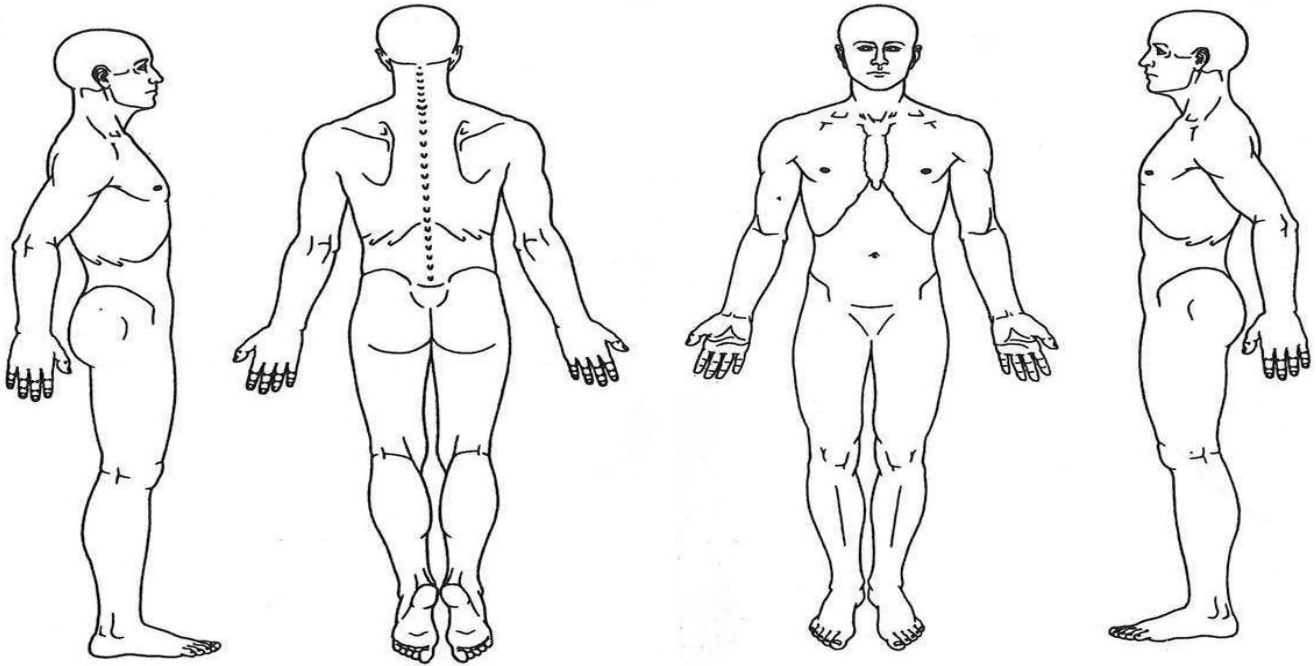
Please list any medications you are currently taking, including vitamins, supplements, etc.: _____

Please circle any of the following health conditions you've experienced in the past or present:

- | | | |
|---------------------------|------------------------|---------------------|
| Cancer | Epilepsy | HIV/AIDS |
| Cardiovascular conditions | Spinal injury | Skin conditions |
| Varicose veins | Hormone imbalance | Headaches/Migraines |
| Systemic disease | Respiratory conditions | Nail fungus |
| Arthritis | Diabetes | Sinus/Allergies |

(over please →)

Please mark areas in which you feel any pain, tenderness, or restriction of movement:



I have read the information on the reverse side and recorded my medical history accurately with all pertinent information. For future services, I agree to inform my spa technician of any changes in my medical status and/or the above information. I agree to hold **acac** and its employees harmless for the performances of these services. I understand spa services are not to be considered medical treatment, and as such, the spa technician cannot prescribe treatment of pharmaceuticals.

Cancellation policy: In order to provide optimal scheduling for all clients and to fairly compensate out therapist, **acac** finds it necessary to implement a 24-hour cancellation policy for all spa appointments. Payment in full is expected for any appointment missed or called within 24 hours of the scheduled session. We appreciate your understanding and cooperation.

I understand that any comments or behavior deemed inappropriate by the service provider (illicit or sexually suggestive in nature) will result in the immediate termination of the session and I will be liable for payment of the scheduled service.

Signature (if under 18, parent/legal guardian must sign)

Date