The SEVENTH MOON
WELLNESS SPA

Client Information ~ Please Print Legibly ~ Thank You

Name _____ Phone _____ DOB _____

Address _____ City _____ State _____ Zip _____

Email _____ Referred by _____

Cell Phone Service Provider (if you want to receive text messages)

AT & T T- Mobile Verizon Other _____ Occupation _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever had a professional massage or bodywork session? ☐ No ☐ Yes How recently? _____

What are your massage or bodywork goals? _____

Do you have tension or soreness in a specific area? _____

What kind of pressure do you prefer? ☐ light ☐ medium ☐ firm

What level of conversation do you prefer during your session? ☐ none ☐ some ☐ indifferent

If you answer "yes" to any of the following questions, please explain as clearly as possible.

☐ Yes ☐ No Do you frequently suffer from stress?

☐ Yes ☐ No Do you experience frequent headaches?

☐ Yes ☐ No Do you suffer from arthritis?

☐ Yes ☐ No Are you pregnant?

☐ Yes ☐ No Do you have diabetes?

☐ Yes ☐ No Are you wearing contact lenses or dentures?

☐ Yes ☐ No Do you have high blood pressure and/or take medication to manage blood pressure?

☐ Yes ☐ No Do you have cardiac / circulatory problems?

☐ Yes ☐ No Do you suffer from epilepsy or seizures?

☐ Yes ☐ No Do you suffer from joint swelling?

☐ Yes ☐ No Do you have varicose veins?

☐ Yes ☐ No Do you have any contagious diseases?

☐ Yes ☐ No Do you bruise easily?

☐ Yes ☐ No Do you have osteoporosis?

☐ Yes ☐ No Any broken bones in the past two years?

☐ Yes ☐ No Any injuries in the past two years?

☐ Yes ☐ No Do you have numbness or stabbing pains?

☐ Yes ☐ No Are you sensitive to touch/pressure?

☐ Yes ☐ No Do you suffer from back pain?

☐ Yes ☐ No Have you had any recent surgeries? If yes, explain: _____

☐ Yes ☐ No Do you have any allergies or sensitivities? (nuts, iodine, shellfish, flowers, scents) _____

☐ Yes ☐ No Other medical conditions or medications you are taking: _____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners 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/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all the questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's 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 termination of the session, and I will be liable for payment of the scheduled appointment.

For consumer information contact: State Board of Massage Therapy, PO Box 2649, Harrisburg, PA 17105-2649
Phone: 717-783-7155 Fax: 717-787-7769 Email: RA-massagetherapy@pa.gov

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

Consent to Treatment of Minor: By my signature, I hereby authorize the practitioner to administer massage, bodywork, or somatic therapy technique to my child or dependent as they deem necessary.

Signature of Parent or Guardian: _____ Date: _____