**Massage Client Intake Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exercise Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exercise Type(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Smoker: yes/no/previous

How much do you smoke? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daily water consumption:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications/supplements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any surgeries? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your major complaint? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received massage therapy before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last massage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Goals for massage today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred type of touch: Light/Firm/Deep

**Do you have any of these conditions?**

**□** Sunburn □ Cuts, Burns, Bruises □ Skin Rashes

□ Headache □ Severe Pain □Hernia

□ Asthma □ Arteriosclerosis □Cancer

□ Diabetes □ Varicose Veins □ Arthritis

□ Epilepsy □ Dizziness □ Pins/Pacemaker

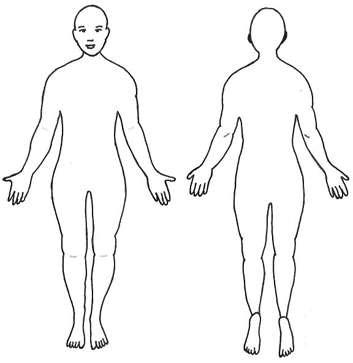
□ Depression □ High Blood Pressure □ Heart Disease

□ Hemophilia □ Low Blood Pressure □ Blood Clots

Are you pregnant or trying to get pregnant? yes/no

Any other medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mark Areas of Discomfort**

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By signing this form you are agreeing to the following terms.

Clients under the age of 18 must have a parent or legal guardian present to provide a signature for authorization for this facial or massage therapy session. Clients under the age of 16 must have a parent or guardian present in the building during any rendered facial or massage therapy session..

If you have a medical condition or certain health symptoms, massage therapy may be problematic for you. Enchanting Oasis LLC reserves the right to refuse to provide facial/skincare or massage therapy services to you (“Spa Services”) and/or require a referral from your primary health care provider prior to spa services being provided.

I understand that the Spa Services are being provided for the well-being of body and mind.

If at any point during the Spa Service, I am uncomfortable or uneasy with the treatment being administered and/or if I experience pain, I understand and hereby agree that it is my responsibility to IMMEDIATELY inform the esthetician/massage therapist, so the treatment may be modified or ended, if appropriate.

I understand that Enchanting Oasis LLC does not diagnose illness or disease, or any other disorder, and that Enchanting Oasis LLC does not prescribe or provide medical treatment, pharmaceuticals, spinal manipulations, or chiropractic procedures as part of the Spa Services.

I understand that Spa Services are not a substitute for medical examinations or medical care, and that it is recommended that I work with and seek the advice of my primary caregiver for any condition I may have.

I have stated all of my known physical conditions, medical conditions, and medications to Enchanting Oasis LLC, and I will keep Enchanting Oasis LLC updated on any changes.

I further understand that the United States Food and Drug administration may not have evaluated any or all reputed properties or statements made regarding CBD products used during or purchased along with or following Spa Services..

I give my consent for any Spa Services provided on the signature date of this document and for any future and past facial/skincare and massage therapy sessions. I have read this document and hereby freely give my permission to receive services and acknowledge and agree that I am doing so at my own risk. My health and safety with respect to all Spa Services are my sole responsibility. I acknowledge that my receipt of the Spa Services from Enchanting Oasis LLC may result in bodily injury to me. My decision to receive Spa Services from Enchanting Oasis LLC is voluntary, and I know, understand and assume any and all risks associated therewith.

By signing this document and in exchange for receiving facial/skincare and massage therapy services from Enchanting Oasis LLC, I, for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge, and hold harmless Enchanting Oasis LLC, its members officers, employees, and agents from any and all liability for any and all injuries, including death, damages, or claims relating to or resulting from the receipt of the Spa Services and CBD Products and Services, now or in the future, foreseen or unforeseen. Further, I will indemnify and hold Enchanting Oasis LLC, its members, officers, agents, and employees, harmless from and against any and all claims, rights, damages, liabilities, losses, costs, and expenses (including reasonable attorneys’ fees) arising from or in connection with any injuries to other persons or damage to property caused by or attributed to me in connection with my receipt of Spa Services and CBD Products and Services.

**Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**