



CLIENT INTAKE FORM

Name: _____ Home Phone#: _____

Cell#: _____ Address: _____ City: _____ State: _____ Zip: _____

DOB: ___ / ___ / ___ Occupation: _____ Emergency Contact: _____ Phone: _____

Email Address: _____ How did you hear about us? _____

Your email address & contact info will not be sold or given to any 3rd party

Have you ever received professional massage or bodywork before? _____

What (specifically) would you like to receive from your appointment? _____

Would you like me to focus on or target any specific areas? _____

Would you like me to stay away from any specific areas? _____

PLEASE MARK ALL CURRENT AND PAST CONDITIONS:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Contagious Skin Condition | <input type="checkbox"/> Open Sores or Wounds | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Blood Clots/Deep Vein Thrombosis |
| <input type="checkbox"/> Easy Bruising | <input type="checkbox"/> Recent Accident/Injury | <input type="checkbox"/> Recent Fracture | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Joint Replacement | <input type="checkbox"/> Sprains/Strains | <input type="checkbox"/> Current Fever/Chills | <input type="checkbox"/> Swollen Glands |
| <input type="checkbox"/> Allergies/Sensitivities | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Circulatory Disorder |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Atherosclerosis | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Arthritis/Joint Disorder |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Back/Neck Issues | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Carpal Tunnel | <input type="checkbox"/> Tennis Elbow | <input type="checkbox"/> Frozen Shoulder | <input type="checkbox"/> Pregnant -How many months _____ |

Please explain any checked conditions listed above and anything else you think your therapist should be aware of: _____

Please list any medications prescribed or you are currently taking you think your therapist should be aware of: _____

Lavender Loyalty Program: Introductory rates for first visit only. Not valid for clients in the last 12 months. Become a Lavender Loyalty client and receive discounted rates & packages and earn rewards towards your next purchase. NO Membership Fee Required. If you decline to pre-purchase and join the Lavender Loyalty Program standard rates will apply for any future services. Each service purchased will be valid for 30 days from the date of purchase. There is a \$10 charge to utilize an expired service, as well as a \$10 charge to gift a prepaid service.

Disclaimer: Session includes 5 minutes for consultation and 5 minutes to undress/redress. If late for an appointment, the remainder of time will be given. This place of business will not be held liable for any injury or condition that arises from application of massage despite completion of this form. The form is intended as an assessment tool only and serves as a guide for the application of massage not for medical treatment or medical assessment. Draping will be used during this session. Please note all of the therapists are professional massage therapists and DO NOT offer "extra services", if you ask any Spa Lavender employee for "extra services" you will be immediately asked to leave the premises and your relationship with Spa Lavender will be terminated. Clients under the age of 18 must have a parent or legal guardian present to provide a signature for authorization for the massage session.

Cancellation Policy: By signing this intake form you agree that if you need to cancel or reschedule an appointment, you will have to do so within 24 hours of your appointment, to avoid being charged a fee. Any same day cancellations, not showing up to your appointment or changing your appointment the same day will result in a \$25 cancellation fee.

Client Signature (Parent/Guardian if Minor): _____ Date: _____