



CONFIDENTIAL CLIENT QUESTIONNAIRE – Massage Therapy

Welcome to The Spa! The Spa promotes a lifestyle that helps you take care of yourself. You may come to escape daily stress and return to life refreshed and invigorated. You may come to discover ways to look better, feel better and age well. A few hours can be transformed into serenity and indulgence, pampered by professionals who understand you. Experience what a spa is meant to be at a place where every service will reflect your personal preferences.

CONTACT & PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Date of Birth _____ Anniversary _____

E-mail Address (if you would like to be notified of specials, promotions and events) _____

Would you like to be sent a text confirmation message for future appointments? _____

Have you ever received a massage (here or elsewhere)? _____

- | | | |
|--------------------------|------------------------------|-------------------------------|
| Acne | Epilepsy or Seizures | Muscle Sprain or Strain |
| Arthritis/ Joint Disease | Fibromyalgia | Numbness/ Paralysis |
| Asthma | Glaucoma | Psoriasis |
| Autoimmune Disorder | Gout | Radiation/ Chemotherapy |
| Blood Clots | Heart Disease | Rosacea |
| Broken Bones | Hepatitis | Sciatica |
| Bruises | Herniated Disk | Scoliosis |
| Bursitis | Herpes/ Cold Sores/ Shingles | Skin Cancer |
| Cancer | High Blood Pressure | Skin Rashes |
| Chronic Fatigue Syndrome | HIV / AIDS | Spinal Fusions/ Misalignments |
| Chronic Pain | Hormone Imbalance | Thyroid Condition |
| Constipation | Infections | TMJ |
| Depression | Joint Sprain or Strain | Tuberculosis |
| Diabetes | Lymphoma | Ulcers |
| Eczema | Migraines/ Headaches | Varicose Veins |
| | | Whiplash |

MEDICAL INFORMATION

Are you currently under treatment for, or have you ever had any of the following? (please circle all that apply)

Do you suffer from any injury that may cause discomfort while lying down? If so, please explain _____

Do you suffer from either claustrophobia or anxiety/ panic attacks? _____

Do you wear corrective lenses? _____

Do you wear dentures or any removable mouth appliances? _____

Have you had any recent surgery? If so, what surgery and when? _____

Are you allergic to any of the following (please circle all that apply) _____

LATEX

NUTS

ASPIRIN

IODINE/SHELLFISH

SULFUR

Please list any and all allergies and/or environmental sensitivities that you have _____

Do you exercise regularly? If so, what type and how often? _____

Are you currently pregnant? If so, how far along? _____

ACKNOWLEDGEMENT & RELEASE

I have completed this information to the best of my knowledge. By signing this form, I understand and agree the services provided are not a replacement for medical or psychological care. The information provided is not prescriptive or diagnostic in nature, and it is for educational purposes only. I understand treatment may not be provided where contraindicated, and I agree to keep each therapist updated as to any changes in my medical profile. I also understand that any elicited or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment. I also understand consumption of alcohol before or after a massage and/or body treatment may greatly increase the chances of intoxication. Any session or treatment may be terminated upon the determination by The Spa at West Glen that I am or may be experiencing side effects from the combination of massage and/or body treatment and alcohol.

I hereby release The Spa at West Glen from any and all injuries and damages, whether known or not, in which may in here and after appear to develop arising from the services and/or products provided to me in my presence on the premises.

I have read the information above and understand The Spa at West Glen, Spas de Cor, LLC and/or Heidi M. Koch, MD nor any of its agents, are responsible for any damages, injury or death that might result from my presence around or participation in spa related activities. I knowingly assume all risks stemming from my spa related activities, including risk(s) associated with the combination of massage and/or body treatments and alcohol, whether consumed within or without the premises of The Spa at West Glen.

I am executing this release solely in reliance upon my own knowledge, belief and judgment, and not upon any representations made by the party's release: The Spa at West Glen, Spas de Cor, LLC, and/or Heidi M. Koch, MD.

I HAVE READ THE FOREGOING RELEASE AND UNDERSTAND ITS TERMS AND FREELY AND VOLUNTARILY SIGN THE SAME (Must Be Signed To Receive Services)

Client/Patient Signature _____ **Date** _____