

# Chi Spa Client Care Form

Client Name: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

If another CLIENT, their name? \_\_\_\_\_

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

If INTERNET, which website? \_\_\_\_\_

Email address: \_\_\_\_\_

Prefer talking during your massage? **Yes** **No**

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

Pressure: **Light** **Medium** **Deep** (\$10/60min - \$15/90min)

Have you ever experienced a professional massage or bodywork session? Yes No If yes, how recently? \_\_\_\_\_

Please provide all relevant health information and sign/date liability agreement. Certain medical conditions may mean that massage/bodywork is contraindicated, and a referral from your doctor may be required prior to service.

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

Yes No Frequent stress

Yes No Bruise easily

Yes No Diabetes

Yes No Broken bones in the past 2 years

Yes No Frequent headaches

Yes No Injuries in the past 2 years

Yes No Pregnant

Yes No Tension or soreness in specific area

Yes No Arthritis

Please describe: \_\_\_\_\_

Yes No Contact lenses

Yes No Cardiac or circulatory condition(s)

Yes No High blood pressure

Yes No Back pain

Yes No Blood pressure meds

Yes No Numbness or stabbing pain(s)

Yes No Epilepsy or seizures

Yes No Sensitive to touch or pressure

Yes No Joint swelling

Yes No Surgery

Yes No Varicose veins

Yes No Other relevant conditions, medications, surgery, history

Yes No Contagious disease(s)

**If you've answered "Yes" to any of the questions, please explain:**

Yes No Osteoporosis

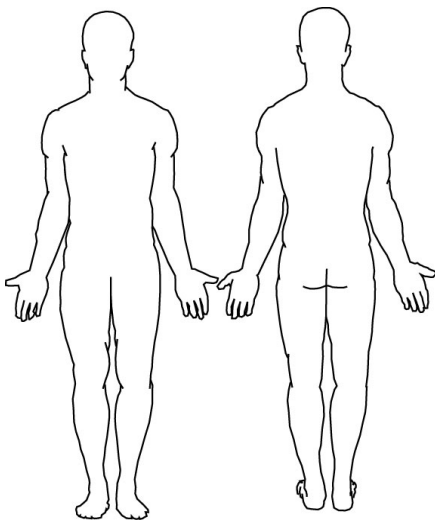
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes No Allergies

**Please specify below:**

**O** - Areas that need extra attention

**X** - Areas I do NOT want massaged



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 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 immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Treatment of Minor:** By my signature below, I hereby authorize the therapist to administer massage, bodywork, or somatic therapy techniques to my child or dependent, as they deem necessary. Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_