INTEGRATION SPA
INSPIRE•HEAL•EVOLVE

Name: _____

Address: _____ City: _____ State: _____ Zip:_____

Cell Phone:_____ Email: _____

Home Phone: _____ Best time for a follow up call?_____ am/pm cell/home

Date of Birth: _____ Emergency contact (name/number):_____

Occupation: _____ Place of Employment: _____ How did you hear about us? _____

How often do you receive massages? 1 x a week 1 x a month 2 x a month other: _____ When was your last massage: _____

How often would you like to receive a massage? 1 x a week 1 x a month 2 x a month other: _____

What prevents you from receiving regular massage therapy? Time Cost Convenience Other: _____

Is this a Gift? ☐ Yes ☐ No Are you active Military ☐ Yes ☐ No Are you enrolled in a HAS, FSA, or HRA ☐ Yes ☐ No

Reason/expectations for appointment: ☐ Sports related pain ☐ Stress ☐ Relaxation ☐ Headache ☐ Other _____

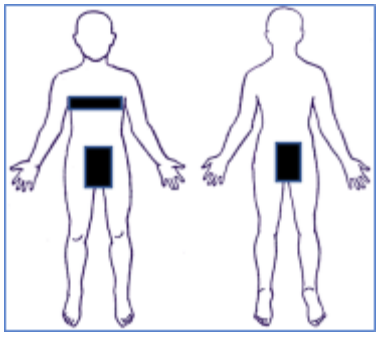
Desired Pressure: ☐ Light ☐ Firm ☐ Deep

_____

Please check all that apply:

☐ Diabetic	☐ Back Pain	☐ Cancer	☐ Frequently suffer from stress
☐ High Blood Pressure	☐ Migraines/Headaches	☐ Hypothyroid	☐ HIV/HIV+
☐ Circulatory Problems	☐ Varicose Veins	☐ Sciatica	☐ Heart Problems
☐ Surgery	☐ Bruise Easily	☐ TMJ	☐ Broken bones in the past 2 years
☐ Osteoporosis	☐ Skin Problems	☐ AIDS	☐ Pregnant
☐ Arthritis	☐ Low Blood Pressure	☐ Anemia	☐ Taking Medication(s)
☐ Joint Swelling	☐ Tumors	☐ Contagious diseases	☐ Stroke
☐ Insomnia	☐ Rheumatoid Arthritis	☐ Tension	☐ Sensitive to touch or pressure
☐ Clots	☐ Cyst	☐ Soreness	☐ Other: _____
☐ Numbing	☐ Stabbing Pain		

Please circle the areas of the body that you need the most attention. Place an "X" over areas you want the therapist to avoid. **Areas that are blacked out will not be worked.**



Comments:

_____

_____

_____

_____

_____

Please check all areas that you are comfortable having treated:

☐ Scalp ☐ Feet ☐ Abdomen ☐ Glute Area ☐ Face ☐ Pectoral Area

Depending on your specific need the therapist can work the glute area with your permission. This is done either under the drape or over the drape. When done under the drape, only a portion of the glute will be uncovered.

Guest please sign: _____ Therapist please sign: _____