

Escape Haven Spa

Health History Form

Name _____ Today's date ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

E-mail address _____ *May I contact you via e-mail? YES or NO*

Occupation _____ Employer _____ Age _____ Date of Birth ____ / ____ / ____

Physician _____ Referred by _____

Emergency Contact _____ Phone _____ Relationship _____

Primary Reason for Appointment _____

Please answer the following questions to the best of your knowledge by circling the appropriate answer and explain any YES answers:

Have you had a professional massage before? YES NO _____

Do you prefer silence during your treatment? YES NO _____

Are there any areas you prefer to NOT have massaged? (Scalp, neck, back, gluteals, legs, feet, arms hands, face) YES NO _____

Do you have any difficulty lying on your Front, back, or side? YES NO _____

Do you wear contact lenses or dentures? YES NO _____

Do you have any allergies? YES NO _____

Are you sensitive to scents? YES NO _____

Do you have any sinus issues? YES NO _____

For woman: Are you pregnant? YES NO _____

Do you have any open wounds? YES NO _____

Do you have athlete's foot or warts? YES NO _____

Do you have varicose veins? YES NO _____

Do you have arthritis? YES NO _____

Do you have HIV? YES NO _____

Are you Diabetic or Hyperglycemic? YES NO _____

Have you suffered any acute injuries? YES NO _____

Do you suffer from tension? YES NO _____

Do you have frequent headaches? YES NO _____

Are you constantly tired? YES NO _____

Do you have chronic back pain? YES NO _____

Do you have pain that radiates down legs or arms? YES NO _____

Do you have any spinal problems? YES NO _____

Do you have any heart problems? YES NO _____

Do you have high blood pressure? YES NO _____

Do you have chronic diarrhea?	YES NO	_____
Do you have chronic constipation?	YES NO	_____
Have you had any blood clots?	YES NO	_____
Have you ever had surgery?	YES NO	_____
Have you ever had cancer?	YES NO	_____
Are you taking any prescribed medication?	YES NO	_____

Please mention any other health concerns or special needs you may have:

Practice Guidelines and Boundaries:

- Client should give 24-Hour cancellation notice or otherwise the client will be billed for the session on the second no-show occurrence.
- If a client shows up late for an appointment, the client will be billed for a full session and treated for the remaining time of the session.
- If an emergency occurs for either the client or the therapist, the session may be rescheduled based on a mutual agreement.

- As a therapist I follow the guidelines of privacy of information according to HIPPA. All information shared during the session is strictly confidential.

- The client must have proper hygiene (no open sores, dirty skin, etc.)
- The client determines which pieces of clothing to remove.
- The client disrobes/robes when the therapist is not present in the room.
- The client determines which areas not to treat; likewise the therapist determines which areas not to treat.
- Proper draping will be used during the session – only the area being worked on will be uncovered.
- The client needs to communicate the pain level to the therapist during the massage.
- Informed written consent must be provided by a parent or legal guardian for any client under the age of 18.
- **Absolutely NO Sexual intonation/behavior is tolerated.**

- Payment is due at the time when service is rendered.
- Cash, Checks, Visa /MasterCard/Discover/AMEX/Escape Haven Spa Gift Certificates are acceptable.
- Gratuity/Tip is greatly appreciated.
- Gift certificates are available. Gift certificates expire one year from the date issued. Gift Certificates are non-refundable (you cannot return a gift certificate for cash).

Release of Liability and Agreement:

I, _____ (print name) understand that the massage therapy or skin care treatments I receive are provided for the basic purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or skin care 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 that I am aware of. I understand that massage therapists or skin care therapists 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 or skin care 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 therapist updated as to any changes in my physical health and understand that there shall be no liability on the therapist's part should I fail to do so. I also understand that this is strictly a non-sexual practice. Any behavior that might be interpreted as sexual in nature will result in immediate termination of the session, and I will be liable for the full payment of my scheduled appointment. I understand by signing this that, I hereby release my therapist from any and all liability. I have carefully read and filled out this form to the best of my knowledge and fully understand its content. I also agree to adhere with the therapist to the specified boundaries and understand that if for some reason I cannot adhere to the boundaries, the therapist will discuss a course of action that may result in the right to refuse treatment.

Signature of client _____ Date _____

Signature of Massage Therapist _____ Date _____

Parent or Legal Guardian Consent for Massage of a Minor

I, _____, give my permission for my child _____
 (adult/guardian) (name of minor)
 to receive a massage from a licensed massage therapist. I understand that the treatment provided is in accordance with the state laws and rules that govern massage. My child will be draped throughout the treatment, with only the area being worked exposed. If my child or I have any questions or concerns I understand we can stop the treatment at any time.

