

Spa Sweet New Client Questionnaire- Therapeutic Massage

Name _____ Date _____

Address _____
City _____ State _____ Zip _____
Phone _____

E-mail _____ How did you hear about us?

Have you had a professional massage before? Yes No
Do you have any difficulty lying on your front, back, or side? Yes No

Please explain _____

List any allergies/ sensitivities

Is there a specific area of the body where you are experiencing tension, stiffness, pain or discomfort? Yes No

Please identify _____

What was your favorite and least favorite part of your last massage?

Any recent illness, injuries, surgeries or ongoing health issues? Yes No

Please explain _____

Are you pregnant? Yes No

*How far along _____ *Any complications? _____

What are your expectations for your massage today? (relaxation, tension relief, etc.) _____

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my 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 therapists are not qualified to diagnose, adjust, prescribe or treat any disease or illness and that a massage should not be a replacement for medical treatment. The massage I receive is voluntary and I release Spa Sweet LLC and/or massage therapist from liability and assume full responsibility thereof.

24-hours notice is required for any canceled or rescheduled appointment or 50% of the service price will be charged. Failure to show without notice will require full payment of service booked. By initialing here, I'm acknowledging I have read and understand the terms of the cancellation policy. Initial here: _____

Signature _____ **Date** _____