

Sunflower Spa

Client Information Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phones - home: _____ Work: _____ Cell: _____

Email Address(es): _____

Occupation: _____ Employer: _____

Medications: _____ Physician: _____

Age: _____ Birth Date M/D: _____ Who referred you to us? _____

Emergency contact: _____ Phone: _____ Relationship: _____

Primary Reason for Appointment: _____

Please answer the following questions by circling the appropriate answer. Explain any YES answers below.

Have you had a professional massage before?	YES	NO	Do you have high blood pressure?	YES	NO
Have you ever had surgery?	YES	NO	Do you have varicose veins?	YES	NO
Do you have any spinal problems?	YES	NO	Have you had any blood clots?	YES	NO
Are you pregnant?	YES	NO	Have you ever had cancer?	YES	NO
Do you wear contact lenses or dentures?	YES	NO	Do you have arthritis?	YES	NO
Are you taking any prescribed medication?	YES	NO	Have you suffered any acute injuries?	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 frequent headaches?	YES	NO	Do you suffer from tension?	YES	NO
Are you constantly tired?	YES	NO	Do you have chronic diarrhea?	YES	NO
Do you have any heart problems?	YES	NO	Do you have chronic constipation?	YES	NO
Are you Diabetic or Hyperglycemic?	YES	NO	Do you have Herpes?	YES	NO
Are you allergic to shellfish?	YES	NO	Do you have HIV?	YES	NO
Do you suffer from Migraine Headaches?	YES	NO	Do you prefer silence during your treatment?	YES	NO

Please explain YES answers: _____

Do you have any other medical conditions of which I should be made aware? If so, please specify: _____

Release of Liability:

I, _____, understand that the massage therapy or skin care treatments given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation.

I understand that the massage therapist or skin care therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist or skin care therapist prescribes neither medical treatment nor pharmaceuticals, nor performs any spinal manipulations. It has been made very clear to me that this massage therapy and skin care is not a substitute for medical examinations and/or physical ailment that I might have.

Because a massage therapist and skin care therapist must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

I understand that by signing this, I hereby release Sunflower Spa LLC, its owners, officers, employees, contractors and all individuals assisting in the conduct of services at the Sunflower Spa LLC from any and all liability. I have carefully read this Release of Liability and fully understand its content.

Signature: _____

Date: _____ →

Sunflower Spa

Practice Guidelines and Boundaries

Please initial
each line.

Time

- Client will show up on time
- Client will give 24- Hour cancellation notice or otherwise the client will be billed for the session on the second no-show occurrence.
- A session can be lengthened based on the therapist's schedule.
- 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.
- A one- hour session lasts 60 minutes
- If an emergency occurs for either the client or the therapist, the session may be rescheduled based on the mutual agreement.

Confidentiality

- The therapist does not share information about the session with others.
- If the client would like the therapist to send a note to a physician's office or an insurance company, the client must make the request in writing.

Treatment

- The client must have proper hygiene (no open sores, dirty skin, etc.) (If clients have dirty/smelly feet due to wearing sandals, etc. a foot bath will be prepared before massage.)
- The client determines which pieces of clothing to remove.
- The client disrobes/robes when the therapist is not present in the room.
- The therapist discusses what is most helpful for the specific treatment; however, the client makes the final decision.
- The client determines which areas not to treat; likewise the therapist determines which areas not to treat.
- The client will remain covered at all times and only the area that is being worked on will be uncovered.
- The client selects the type of scented oils/creams to use and/or the type of music to be played.
- The client needs to communicate the pain level to the therapist during the massage.
- Treatment is provided in a specific designated space that is used solely for massage and where the client's privacy is assured.
- Any person under the age of 18 years old must be accompanied by an adult during the treatment.
- If the client would like another person to observe the session, which may occur provided the person adheres to the established boundaries.
- **Absolutely NO Sexual intonation/behavior is tolerated.**

Payment

- Payment is due at the time when service is rendered:
- Cash, checks, Visa /MasterCard/Discover/AMEX are acceptable.
- Fee Structure is as agreed upon
- Gratuity/Tip is greatly appreciated.
- **If you are paying with Credit Card and would like to include the tip in the total please tell the person who is completing your transaction. (We do not have a tip line on our credit card machine.)**
- Gift certificates are available and are paid in advance for service; certificates to be used within one -year time frame.

Agreement

We, (client's name and massage therapist name) agree to adhere to the specified boundaries. If for some reason the client cannot adhere to the boundaries, the therapist will discuss a course of action that may result in the right to refuse treatment of the client.

Client's Signature _____ Date _____
Massage Therapist Signature _____ Date _____