



## Ohana Bali Spa Client Intake Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred to this spa by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### General and Medical Information:

Y N Have you ever had a professional massage? If yes, what type? \_\_\_\_\_

Y N Are you pregnant? If yes, how far along are you? \_\_\_\_\_

Y N Are you currently taking any medications? \_\_\_\_\_

Y N Are you currently seeing a health care professional? \_\_\_\_\_

Y N Do you have any allergies or sensitive to any oils? If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
If currently seeing a healthcare professional, list names/treatment: \_\_\_\_\_

Do you have any of the following today:

\_\_\_\_ skin rash \_\_\_\_ cold/flu \_\_\_\_ open cuts \_\_\_\_ anything contagious \_\_\_\_ injuries/bruises

If any of the above are checked, please give details:

\_\_\_\_\_  
Please review this list and check those conditions that have affected your health in the past.  
Place a check mark next to the condition.

- \_\_\_\_ Arthritis
- \_\_\_\_ Diabetes
- \_\_\_\_ Blood Clots
- \_\_\_\_ Broken/dislocated bones
- \_\_\_\_ Bruise easily
- \_\_\_\_ Cancer
- \_\_\_\_ Chronic Pain
- \_\_\_\_ Constipation/Diarrhea
- \_\_\_\_ Auto-immune condition
- \_\_\_\_ Hepatitis (A, B, C, other)
- \_\_\_\_ Skin Conditions
- \_\_\_\_ Stroke
- \_\_\_\_ Surgery
- \_\_\_\_ TMJ Disorder

- \_\_\_\_ Depression
- \_\_\_\_ Diverticulitis
- \_\_\_\_ Headaches
- \_\_\_\_ Heart Conditions
- \_\_\_\_ Back Problems
- \_\_\_\_ High Blood Pressure
- \_\_\_\_ Insomnia
- \_\_\_\_ Muscle Strain/Sprain
- \_\_\_\_ Pregnancy
- \_\_\_\_ Scoliosis
- \_\_\_\_ Seizures
- \_\_\_\_ Whiplash
- \_\_\_\_ Chemical (Alcohol, Drugs)

If any of the conditions listed previously needs to be detailed or if there is anything else to share please do so: \_\_\_\_\_

Are you wearing: \_\_\_\_ contact lenses \_\_\_\_ hearing aid \_\_\_\_ hair extensions \_\_\_\_ false eyelashes

**Continued on the Back**

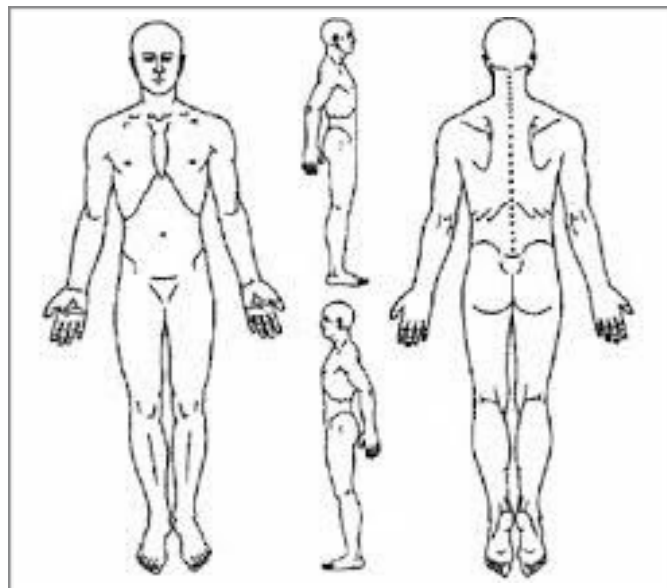
**What are you looking for in your session today?**

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

**Please circle on the diagram to the right of any areas where you have discomfort or pain.**

**Any specific areas you would like your therapist to focus on?** \_\_\_\_\_

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



We suggest that you remove contact lenses and all jewelry, please pull long hair back with a clip or band. In general, the massage is given while you are unclothed.

You may choose to wear undergarments. By law, you are to be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.

### **Massage Client Waiver Form**

**Please take a moment to read and initial all of the following statements:**

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session. \_\_\_\_\_

I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness. \_\_\_\_\_

I affirm that I have notified my therapist of all known medical conditions and injuries. \_\_\_\_\_

I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so. \_\_\_\_\_

I understand that massage is entirely therapeutic and non-sexual in nature. You will maintain proper coverage at all times. Any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment. \_\_\_\_\_

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and body work. \_\_\_\_\_

I affirm that I have answered all questions pertaining to medical conditions truthfully. \_\_\_\_\_

### **Booking Policy**

I understand that arriving late for a spa service may require the therapist to shorten the length of the treatment with full charges applied, so as to not inconvenience other guests. \_\_\_\_\_

**(For future appointments, please arrive 10 minutes early to ensure we start your session on time.)**

**Would you like to receive occasional promotional texts and emails from us? Yes:\_\_\_ No:\_\_\_**

**I have received the policy statement, and have read and agree to the policies therein.**

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

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist Name:** \_\_\_\_\_ **Therapist Signature:** \_\_\_\_\_