HEALTHY COMPLEXIONS SPA
by Western New York Dermatology

MASSAGE INTAKE FORM

First Name _____ **Last Name** _____ **DOB** _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Whom can we thank for referring you? _____

Do you have any alleriges? If so, please list them

_____

Are you currently on any medications?

_____

Do you have any areas of concern that you would like to address?

_____

Have you every received massage therapy before? ☐ Yes ☐ No

What type of massage therapy did you receive? _____

Please check all conditions that have affected your health either recently or in the past

- ☐ Arthritis
- ☐ Blood clots
- ☐ Bruise easily
- ☐ Chronic pain
- ☐ Heapatitis (A,B,C)
- ☐ Stroke
- ☐ Surgery
- ☐ TMJ Disorder
- ☐ Panic Disorder
- ☐ Headaches
- ☐ Back problems
- ☐ Muscle strain/sprain
- ☐ Pregnancy
- ☐ Whiplash
- ☐ Diabetes
- ☐ Diverticulitis
- ☐ Cancer
- ☐ Insomnia
- ☐ Skin conditions
- ☐ Seizures
- ☐ Chemical dependency (drugs/alcohol)
- ☐ Depression
- ☐ Broken/dislocated bones
- ☐ Heart condition
- ☐ Constipation/diarrhea
- ☐ High blood pressure
- ☐ Scoliosis
- ☐ Auto-immune condition such as AIDS, Fibromyalgia, chronic fatigue, lupus, etc.

Do you currently have any of the following?

- ○ Skin rash
- ○ Open cuts
- ○ Severe pain
- ○ Anything contageous
- ○ Cold/flu
- ○ Injuries/bruises

Are you wearing any of the following?

- ○ Contact lenses
- ○ Hearing aides
- ○ Hairpiece

We treat your skin.
You treat yourself.

297 Spindrift Drive
Williamsville, NY 14221
716.300.1444

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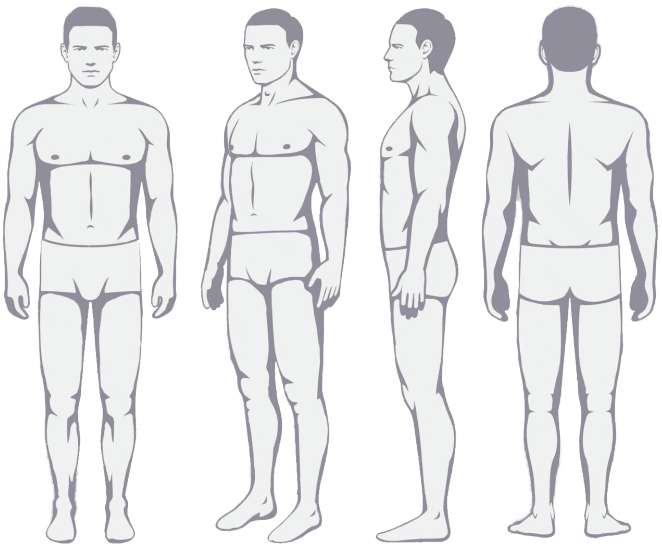
Please indicate with an "X", any areas in which you feel discomfort:



What are your expectations for this therapy session?

_____

_____

_____

_____

_____

The following sometimes occurs during massage.

• the need to move/change position • sighing • yawning • change in breathing • stomach gurgling • emotional feelings and/or expression • energy shifts • the movement of internal gas • soreness • memories • fatigue

These are normal responses to relaxation. Trust your body to express what it needs to and address any concerns with your therapist.

Please read the following information and sign below

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension is not a substitute for medical examination, diagnosis, or treatment.

2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of scheduled treatment.

3. Being that massage should not be done under certain medical, I affirm that I have answered all questions pertaining to medical conditions truthfully.

4. Your comfort is the utmost importance during your massage. Please communicate your needs with your therapist.

Signature _____

Date _____

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