REVIVE
MEDICAL SPA LLC

Massage Client Information Form

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ DOB: _____ Age: _____

I would like to receive offers and updates via email. ❑ Yes ❑ No, thanks

Employer: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

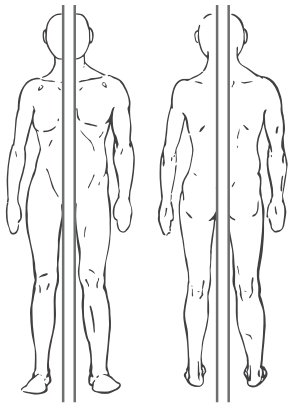
How did you hear about our spa? (please select one)

❑ Sign on building ❑ Magazine / Printed Ad ❑ Advanced Dermatology
❑ Friend or relative ❑ Returning Customer ❑ Other: _____

Please check below if you have, or have had, any of the following:

❑ High blood pressure
❑ Varicose veins or clots
❑ Tumors or cysts
❑ Skin condition
❑ Arthritis
❑ Scoliosis or spinal injury
❑ Head injury
❑ Neck injury or whiplash
❑ Broken bone
❑ Seizures
❑ Pregnant or breastfeeding
❑ Muscle sprain/strain
❑ Phlebitis
❑ Cancer
❑ Diabetes
❑ Heart condition
❑ TMJ
❑ Headaches
❑ Back pain
❑ Allergies
❑ Recent surgery
❑ Removable dental device
❑ Skin rash
❑ Open wound or sore
❑ Insect or animal bite
❑ Severe pain
❑ Cold or flu
❑ Anything contagious
❑ Injuries or bruises
❑ Contact lenses
❑ Hearing aid
❑ Prosthetic device
❑ Brace for support/pain

Please circle areas of discomfort we should know about or pay extra attention to:



If you checked any of the above or have an unlisted condition or concern, please explain: _____

_____

Have you ever had a massage before? ❑ Yes ❑ No If yes, when? _____

I understand that the massage/treatment I receive is for the basic purpose of relaxation and enjoyment. I understand that massage is not a subsititute for medical treatment or diagnosis. I have stated all my known medical conditions honestly. I understand that Revive Medical Spa, LLC reserves the right to refuse massages/treatments if determined to be unsafe for me due to any current or past medical conditions. Should I need to cancel future sessions, I agree to give full 24-hour notice to Revive Medical Spa or I will be financially responsible for the session time. I freely give my permission to be massaged.

Client Signature: _____ Date: _____