



Name _____ Phone _____ DOB ____ / ____ / ____ Age ____

Address _____ City _____ State _____ Zip _____

Email (if you would like to opt in to our mailing list) _____

Occupation _____ How did you hear about us? _____

Male Female Referred by _____ Phone no. _____

In case of emergency contact _____ Phone no. _____

Do any of the following apply to you? Please circle and explain where appropriate.

Frequent stress

Contagious disease

Diabetes

Osteoporosis

Frequent headaches

Allergies

Pregnant

Bruise easily

Arthritis

Broken bones or injuries or surgeries in

Wearing contact lenses or dentures today

the last 2 years. Please specify:

High blood pressure

Blood pressure medication

Cardiac or circulatory problems

Epilepsy or seizures

Numbness or stabbing pains

Joint swelling

Back pain

Varicose veins

Sensitivity to touch/pressure in any area

Other medical condition, past surgery, or medications we should know about (such as diabetes)?

Do you have tension or soreness in a specific area today? Please specify here or discuss with your practitioner.

I understand that the massage/bodywork that I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, or diagnosis, prescribe for, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed with certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I acknowledge a referral from my primary care provider may be required for specific medical conditions. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I understand that failing to cancel my appointment within 24 hours will incur a fee.

Client Signature _____ Date _____.

Consent to Treatment of Minor: By my signature below, I hereby authorize Jaiyen Spa's practitioners to administer massage or bodywork techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____.

To enjoy the maximum benefit of your massage, our therapists will keep conversation to a minimum. You are welcomed to breathe deeply and fully relax during your treatment. Always feel free to speak up if there is anything your therapist can do to make you more comfortable. Please turn off your cell phone during the session.