



MESSAGE INTAKE

(also used for Essential Oil, Hot Stone and Cupping Massage)

*Please use other PRENATAL MASSAGE INTAKE FORM for Prenatal Massage

Patient Information:

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (Cell) _____

Date of Birth: ____/____/____ (YYYY/MM/DD) Age: ____ Sex: M / F / _____

Occupation: _____ Email: _____

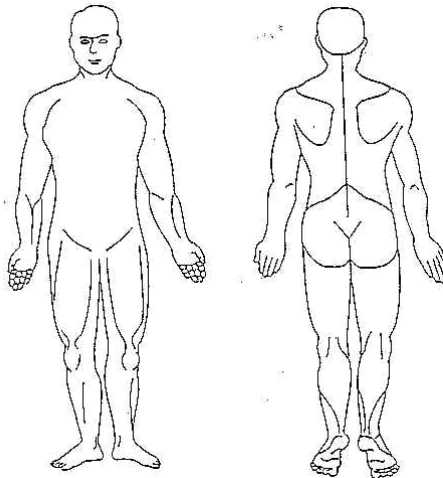
By providing my email, I agree to receiving clinic email reminders, health updates, promotions, etc.

In case of emergency, who should we contact? _____

How did you find out about our services? _____

What are your main complaints? Please describe your pain or health concern:

Please circle problematic areas to be treated:



Are you new to massage? YES NO

Are you currently taking any medication? _____

Any allergies/sensitivities? _____

Please list any accidents, surgeries or hospitalization and the year they occurred:

Please check any of the following that apply to you:

Head

- headaches, type _____ vision conditions sinus conditions dizzy/fainting
 TMJ dysfunction hearing conditions head trauma

Digestive & Uro-genital System

- abdominal pain digestive conditions nausea kidney/bladder conditions
 liver conditions gallbladder conditions urinary conditions
 ulcers diabetes, Type: _____

Muscles & Joints

- osteoarthritis rheumatoid arthritis muscle cramps limitation of movement
 pain stiffness swelling

Nervous System: neural disorders numbness/tingling paralysis

Skin: skin disorders bruises easily skin sensitivity contagious skin condition

Cardiovascular

- high blood pressure low blood pressure heart condition heart murmur
 heart attack/stroke arteriosclerosis atherosclerosis poor circulation
 varicose veins phlebitis

Other Conditions

- Cancer AIDS, HIV Epilepsy thyroid conditions sleep disorders
 Hernia Hepatitis

Consent for Treatment with Essence Wellness Clinic

I am hereby requesting Massage treatments from contracted massage therapists at Essence Wellness Clinic which includes relaxation, deep tissue, prenatal, essential oil, hot stone and cupping massage. New complications and concerns, if they do arise, will be discussed with my practitioner, and appropriate action will be taken. I understand that although these are natural and alternative treatments I am seeking, there may be risks of bruising, pain in treated area, and worsening of symptoms during the healing process. I hereby release Essence Wellness and all practitioners/therapists treating me from all liabilities.

I am also aware of the clinic's late cancellation policy of a charge of **50% of the visit cost** if I fail to give **less than 24 hours notice for cancellations**. I will be responsible to pay that charge before I can re-book.

Signature _____ Date _____
