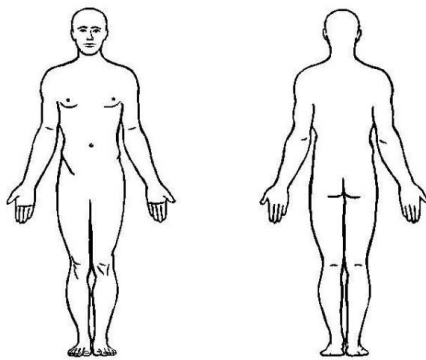


MESSAGE INTAKE FORM

CONTACT INFORMATION	Name _____		Date of Birth (MM/DD/YYYY) _____	
	Email _____			
	Street Address _____		City / State _____	Zip Code _____
	Occupation _____			
	Mobile Phone _____		Home Phone _____	
	Emergency Contact Name _____		Emergency Contact Phone _____	
	How did you hear about us?		<input type="checkbox"/> TV/Radio	<input type="checkbox"/> LaVida Employee
<input type="checkbox"/> Coupons (in mail)	<input type="checkbox"/> Email	<input type="checkbox"/> Internet Search	<input type="checkbox"/> LaVida Client (who? _____)	
<input type="checkbox"/> Drive By / Signs	<input type="checkbox"/> Gift Cards	<input type="checkbox"/> Print Ad	<input type="checkbox"/> Other (_____)	
HISTORY	How often do you receive professional massages?			
	<input type="checkbox"/> First Time <input type="checkbox"/> Once a year or less <input type="checkbox"/> 2-3 times/yr <input type="checkbox"/> 4-6 times/yr <input type="checkbox"/> 7-10 times/yr <input type="checkbox"/> 11+ times/yr			
	What prevents you from receiving massages more frequently?			
<input type="checkbox"/> Cost <input type="checkbox"/> Time <input type="checkbox"/> Other (specify reason _____)				
MEDICAL CONDITIONS	Are you here today for:			
	<input type="checkbox"/> Headache <input type="checkbox"/> Injury Rehab <input type="checkbox"/> Relaxation <input type="checkbox"/> Soreness <input type="checkbox"/> Stress Relief <input type="checkbox"/> General Health & Wellness			
	Medical Conditions – Please Check All That Apply:			
	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Jaw Pain / TMJ
	<input type="checkbox"/> Athletes Foot	<input type="checkbox"/> Bruise Easily	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Leg or Knee Pain
	<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Cancer (active)	<input type="checkbox"/> Headaches	<input type="checkbox"/> Neck or Back Pain
	<input type="checkbox"/> Numbness / Tingling		<input type="checkbox"/> Seizures	
	<input type="checkbox"/> Varicose Veins		<input type="checkbox"/> Warts	
	Please list any medications you are taking: _____			
	List any other medical conditions (including injuries or surgeries in last 2 years) that you think we should know about: _____			
Are you pregnant?		If yes, are you experiencing any of the following?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many weeks? ____ Due Date: _____		<input type="checkbox"/> Cramping/Soreness <input type="checkbox"/> Pre-Eclampsia <input type="checkbox"/> Morning Sickness <input type="checkbox"/> Swelling (Edema)		
Do you have any allergies or skin sensitivities?				
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list: _____				
Our lotion products may contain nut oils. Are you allergic to nuts?		<div style="text-align: center;">Please Circle Focus Areas</div>  <p>Any Areas not to be touched? ("X" if any) (Arms)(Legs)(Back)(Chest)(Other: _____)</p>		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list type of nut: _____				
If you have certain medical conditions or symptoms, receiving a massage may aggravate or worsen that condition. If you are experiencing a cold, flu, fever, or have consumed alcohol in the past 12 hours, your session MUST be rescheduled 48 hours after symptoms disappear.				
Disclaimer: LaVida Massage will not be held liable for any injury or condition that arises from application of massage despite completion of this form. The form is intended as an assessment tool only and serves as a guide for application of massage.				
Cancellation Policy: By signing this form you agree that if you need to cancel or reschedule an appointment, you will provide us with a minimum of 12 hours notice to avoid being charged a fee. Any cancellations within 12 hours of your scheduled session will be subject to the current cancellation fee.				
SIGNATURE	I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I agree to inform my massage therapist immediately of any change in the conditions stated above. I acknowledge that this information is confidential and intended for review by massage therapists, that a medical referral may be requested of me, and that LaVida Massage is not liable for the management of any condition. I also understand that any illicit or sexually suggestive remarks or advances made by myself will result in immediate termination of the session, and that I will be liable for full payment of the session.			
	CLIENT NAME (PRINT) _____			
	CLIENT SIGNATURE _____		DATE: _____	
	IF MINOR, SIGNATURE OF PARENT/GUARDIAN: _____		DATE: _____	