

MESSAGE

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY/STATE/ZIP CODE:

PRIMARY PHONE:

MOBILE:

EMAIL:

BIRTHDAY:

OCCUPATION:

HOW DID YOU HEAR ABOUT US?

Type of massage scheduled: _____

Primary reason for your appointment today: _____

How often do you receive massage therapy? _____

Are you wearing contact lenses? yes / no

Do you have a preference for massage oil or massage lotion? oil / lotion / no preference

Have you had surgery before? yes / no If yes, please describe: _____

Have you suffered an acute injury lately? yes / no If yes, please describe: _____

Do you have (circle all that apply): varicose veins...blood clots...arthritis...heart problems
spinal problem...high blood pressure

Do you have: food allergies? yes / no _____
allergies to latex? yes / no _____
other allergies? yes / no _____

Have you ever suffered from claustrophobia? yes / no

Are you currently on any medications? yes / no If yes, please list name and reason for medication: _____

Have you used Accutane in the past 12 months? yes / no

Is there anywhere you do not wish to be touched? _____

Are you (circle all that apply): pregnant...trying to become pregnant...lactating...menstruating

Is there anything I should be aware of before your treatment? _____

In consideration for receiving services at milk + honey, I hereby promise not to sue and release, waive, and discharge Spa Partisan, Inc. – its officers, agents, servants, employees and other business entities owned, operated or controlled, either in whole or in part, by Spa Partisan Inc. – from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on milk + honey premises. I am fully aware of the risks involved and hazards connected with spa and salon treatments, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by negligence or otherwise. I understand the massage/body work I receive is for the purpose of relaxation and relief of muscular tension. I understand that I will be properly draped for the duration of the massage. If I experience any pain or discomfort during the session, I (1) will immediately inform my practitioner and (2) may request that the session end. The type of massage techniques that I will receive may include the following: effleurage, petrissage, tapotement, compression, vibration, stretching, and/or range of motion movements. I may request that my therapist not perform massage on the gluteus maximus muscle (buttocks), the abdomen, and/or any area that is contraindicated or that I wish to avoid. I understand that milk + honey therapists do not perform breast massage, but all muscles in the extremities, torso, head, scalp, and neck may be treated.

CLIENT SIGNATURE:

DATE:

OR SIGNATURE OF PARENT OR GUARDIAN IF CLIENT IS UNDER 17 YEARS OF AGE.

THERAPIST SIGNATURE:

DATE:

milk + honey®

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