

Name: ___

In order to better serve you, please provide us with	the information below.
1. Will this be your first professional massage?	Y N
2. Are you at least 18 years of age? (Clients under to	the age of 18 cannot be serviced without parental consent.) Y N
3. Do you have any problems that would be adverse	ely affected by heat, percussion, or deep massage? Y N
4. Are you pregnant?	Y N If yes, how many weeks?
	re you released by your physician to receive massage? blood thinners (Aspirin), pain relievers, or supplements?
	In treatment of what?
7. Do you have any other relevant medical concerns	s not listed above?
muscular tension or discomfort. I understand that in prescribe towards any medical condition or disease changes in my health or medical history. I understaif I am ever in any discomfort or pain. I understand to	hat massage therapy performed at Voda Spa is for the sole purpose of call effects of massage include circulatory enhancement and relief from massage therapist is <i>not</i> a physician and <i>cannot</i> diagnose or e. I understand that it is my responsibility to notify my therapist of any and that it is ultimately my responsibility to notify my massage therapithat any soreness or adverse medical condition incurred during my at I have read the information above and have provided Voda Spa with
Signature of Client/Guardian:	Date: