

Bohemia Healing Spa

Massage Intake Form All Information is Strictly Confidential

Name _____ Date of Birth _____

Address _____ City/State/Zip _____

Phone:(H) _____ (W) _____ (C) _____

Email _____ Occupation _____

Whom may we thank for your referral? _____

Please take a moment to answer the following questions:

Have you had a professional massage before? Yes No

Do you have allergic reactions to any oils, lotions, essential oils, or to any nuts? Yes No

please list _____

Do you frequently feel stressed? Yes No

Are you currently pregnant or breastfeeding? Yes No

Do you have any particular goals for this massage session?

Please check any that apply:

Musculoskeletal System

- Arthritis
- Artificial Joint
- Bursitis
- Carpal Tunnel Syndrome
- Easy Bruising
- Joint Pain
- Muscular Dystrophy
- Osteoporosis
- Plantar Fasciitis
- Tendonitis
- Whiplash

Circulatory System

- Atherosclerosis
- Deep Vein Thrombosis
- Heart Attack
- High Blood Pressure
- Low Blood Pressure
- Stroke
- Varicose Veins

Digestive System

- Diabetes
- Crohn's Disease
- Irritable Bowel Syndrome
- Hepatitis
- Ulcers
- Ulcerative Colitis

Nervous System

- Alzheimer's
- Headaches or Migraines
- Depression
- Multiple Sclerosis
- Parkinson's Disease
- Seizures
- Sleep Disorders
- Shingles
- Spinal Cord Injury

Respiratory System

- Asthma
- Bronchitis
- Sinusitis
- Cold/ Flu

Immune System

- Cancer
- Chronic Fatigue Syndrome
- Fibromyalgia
- Edema
- HIV/AIDS
- Lupus
- Lymphoma

Integumentary System (Skin)

- Burns
- Dermatitis
- Eczema
- Fungal Infections
- Impetigo
- Open Cuts
- Psoriasis
- Scars
- Rash

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www.bohemiahealingspa.com

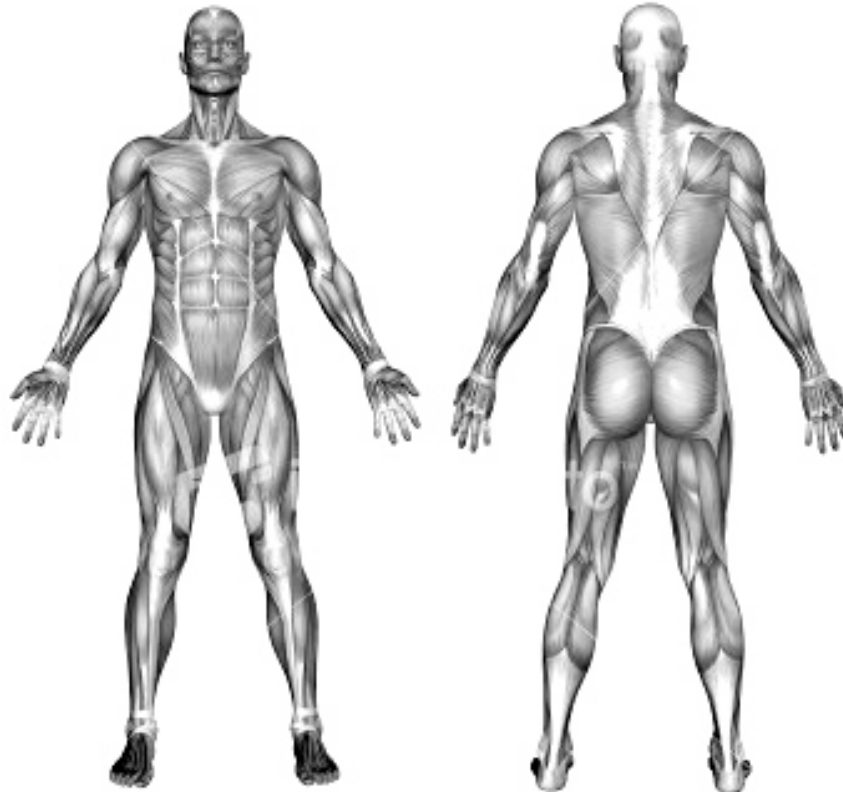
Are you currently under the care of any of the following medical professionals?

- Medical Doctor
- Chiropractor
- Acupuncturist

- Physical Therapist
- Naturopath
- Massage Therapist

- Nutritionist
- Psychiatrist
- Personal Trainer

Please mark with an X on the figures below where you are experiencing any tension, stiffness or other discomfort and describe the sensation (*i.e. sharp, dull, burning, aching, stinging, etc.*)



Please read the following statements and sign below in agreement and for consent to treatment:

We intend to offer treatments that are effective and respectful of the client's and practitioner's personal boundaries. Massage therapy is not intended to diagnose any illness, disease or disorder and any suspected medical problem should be tended to by an appropriate medical care provider. Please inform us of any changes in your medical profile so that you can always receive the most beneficial massage. We respectfully request 24 hours notice to cancel and reschedule appointments, and it is our general policy to charge in full when inadequate notice is given.

Signature

Date