

Massage Consultation Form

Spa on the Hill

1007 E. Street SE
Washington, DC 20003



Welcome to Spa on the Hill! We look forward to providing a therapeutic and enjoyable sanctuary for you to relax. Your therapist will use the information provided below to assess your needs and create a customized treatment plan for the duration of your visit. We invite you to place your phone on silent at this time and enjoy your visit.

Name _____ Birthday _____ Phone _____

Address _____ City/State/Zip _____

Email _____ Referred By _____

Dr. Name/Phone _____ Emergency Contact & Phone _____

When was your last professional massage or body treatment? _____

What do you hope to achieve with your treatment today? _____

Pressure Preference: Light Medium Firm

Medical Information

Do you have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have soreness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have frequent headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have numbness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have epilepsy or seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any surgeries in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any broken bones in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you wearing contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any injuries in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any yes answers here: _____

I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform my health care provider and massage therapist if anything changes in my status. I understand that massage/bodywork I receive is for the purpose of stress reduction and the relief from muscular tension, spasm or pain and to increase circulation. If I experience any pain or discomfort, I will immediately inform my massage therapist so that the pressure and/or methods can be adjusted to my comfort level. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services. Sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated. I understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

Client Signature and Date _____