



# Hands On Healing Wellness Spa & Boutique

## General Intake Form

Today's Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth (Birthday): \_\_\_\_\_ Anniversary: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Text Subscribe Yes  Provider: \_\_\_\_\_

How did you hear about us?

**Online Search      Facebook      Printed Materials      Event**

**Referred by Client's Name** \_\_\_\_\_

What type of Service are you here for today? \_\_\_\_\_

Have you ever had a Spa or Wellness Treatment Before?

- Massage NO YES, When: \_\_\_\_\_
- Acupuncture  Facial
- Wax  Chiropractic Adjustment
- Body Wrap/ Body Scrub  Cupping
- Reiki
- Hypnosis

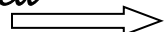
Current Medication \_\_\_\_\_

Surgeries or Accidents \_\_\_\_\_

**Please Circle all Conditions that Apply Please Explain any Circled Conditions:**

- |                                      |                                 |                               |
|--------------------------------------|---------------------------------|-------------------------------|
| <b>Pregnant How far along?</b> _____ | <b>Chronic Pain</b>             | <b>Numbness or Tingling</b>   |
| <b>Muscle or Joint Disorder</b>      | <b>Vision Problems</b>          | <b>Headaches, Migraines</b>   |
| <b>Birth Control</b>                 | <b>Fatigue</b>                  | <b>Rash, Athlete's Foot</b>   |
| <b>Hearing Problems Deafness</b>     | <b>High Blood Pressure</b>      | <b>Allergies</b>              |
| <b>Injuries to Face or Head</b>      | <b>Low Blood Pressure</b>       | <b>Arthritis, Tendonitis</b>  |
| <b>Sinus Problems</b>                | <b>Cancer, Tumors</b>           | <b>Blood Clots</b>            |
| <b>Dental Bridges, Braces</b>        | <b>Infectious Disease</b>       | <b>Varicose Veins</b>         |
| <b>Spinal Column, Disorders</b>      | <b>Jaw Pain</b>                 | <b>Bone Injuries</b>          |
| <b>Asthma, Lung Cond.</b>            | <b>Diabetes</b>                 | <b>Sprains, Muscle Strain</b> |
| <b>Constipation Diarrhea</b>         | <b>Heart, Circulatory Issue</b> |                               |

*Continued*



Comments \_\_\_\_\_

**Cancellation Policy:** Please notify Hands On Healing 24 hours in advance if you are unable to make your appointment. The cancellation fee is 50% of the booked service price. Your appointment **is confirmed unless** you cancel it. My signature is an ongoing agreement with Hands On Healing for all currently booked appointments and any future appointments. If I cancel within 24 hours of my appointment time I will be charged the cancellation fee.

Any Service performed at Hands On Healing is not a substitute for a medical examination or diagnosis. It is recommended that you see a physician for any physical or mental ailments you might have. Understand that the therapist does not diagnose illness, disease or any other physical or mental disorders. Service providers do not prescribe medical treatment or pharmaceuticals, nor do they perform spinal adjustments I understand that I should let the therapist know if I experience any discomfort or pain so that adjustments can be made. Any illicit or sexually suggestive remarks or advances made by the client will result in immediate termination of the session and the client will be liable for payment of the scheduled appointment. I HAVE READ AND WILL COMPLY WITH THE ABOVE PARAGRAPH.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Consent to treatment of Minor:* By my signature, I hereby authorize a Hands On Healing Therapist to administer massage bodywork techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_