Namaste New Client Form

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Profession: _____ Sex (circle one): Male Female

Emergency Contact: _____Phone:_____

How did you hear about us: _____

General Heath History

What is the primary goal for your service today? (ie: recovery from injury, pain relief, relaxation, etc: _____

_____

Are you pregnant or trying to become pregnant? _____ If yes, how many weeks? _____

Do you have any allergies or skin sensitivities? _____

Please list any pain or injuries you've experienced in the past 12 months, including major trauma, surgeries, etc:)_____

_____

Do you have a history of any of the following conditions? Arthritis/Osteoporosis _____ Sciatica _____

Headaches/Migraines _____ High Blood Pressure _____ Circulatory Problems _____ Diabetes _____

Irregular Digestion _____ Sleep Problems _____ Chronic Pain _____ Varicose Veins _____ Allergies_____

Massage Therapy/Bodywork

Have you ever received spa services/massage before? (circle one): Yes No Examples: _____

If yes, how often? _____ What type of pressure do you prefer? _____

Is there any area of your body you would like to focus on? _____

Is there any area of your body you would like your therapist to avoid? _____

Skin Care

Have you used any peels, alpha-hydroxy, or Retin-A products in the past 2 weeks? _____

What are your skincare goals? _____

Is there anything else you'd like to share to help us work with you on? _____

I understand that the services offered here are not a substitute for medical care. Any information provided is for educational purposes only and not diagnostically prescriptive in nature. I also give my permission for the therapists with whom I work to discuss information pertinent to my conditions(s) and treatment with my other health care providers. I will ask for receipt of payment as well as session notes if I would like to ask my insurance company for reimbursement.

Cancellations: *A 50% service fee will be incurred for cancellations made less than 24 hours in advance. No shows incur a 100% service fee. Payment must be made before future appointments can be scheduled.*

Signature _____ Date _____