

ELIXIR MIND BODY MASSAGE

First/Last Name _____

Phone Number (Home) _____ (Mobile) _____

Address _____

City _____ State _____ Zip _____ Anniversary _____

Email _____ Birthdate _____

*Personal Information is never shared or sold. Providing email address allows us to confirm appointments and offer special promotions.

What can we help you with today? injury stress muscle pain relaxation
sports conditioning other: _____

How did you hear about us?

Referral ~ who referred you? _____
Drive/Walk By Yelp.com Trip Advisor Facebook
5280 Yahoo Google GLBT Organization
Other (please specify) _____

Please check all that apply:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dry Skin	<input type="checkbox"/> Menopause
<input type="checkbox"/> Cancer	<input type="checkbox"/> Open Sore	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Low Blood Pressure
<input type="checkbox"/> Thyroid Disorder	<input type="checkbox"/> Fever	<input type="checkbox"/> Blood Clot(s)
<input type="checkbox"/> Recent Injury/Surgery	<input type="checkbox"/> Headaches/Migraine	<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Claustrophobia	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Auto-Immune Disease
<input type="checkbox"/> Asthma	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Numbness
<input type="checkbox"/> Nut Allergy	<input type="checkbox"/> Shellfish Allergies	<input type="checkbox"/> Other Allergies

Female guests: Are you pregnant or do you suspect you could be pregnant? Yes No

Please explain any above condition _____

Recent or Past Injuries/Surgeries (please list dates) _____

Are you suffering from anxiety, depression or any phobias we should be aware of? _____

Current Medications/Supplements: _____

How often do you get a massage? _____ How often would you like to? _____

What kind of exercise or sports do you participate in? _____

What is your profession? _____

What do you do to relax? _____

Gender Preference of Massage Therapist:

No Preference Female Only Male only Female Preferred Male Preferred

~ Please complete other side ~

Massage Preferences:

Pressure: ___Light ___Med ___Deep ___Relaxing ___Therapeutic
Music: ___Nature ___Celtic ___Jazz ___Classical ___World
 ___New Age/Relaxation ___Modern ___Have my own (Mp3/iPod)

In three words, describe your ideal massage therapist:

Are there any areas or techniques you would like to **avoid** in your service?

Are you interested in including additional relaxation or pain relief in today's massage?

**Additional time required and may not be available for same-day requests*

~See your Therapist or Concierge for further details~

- | | |
|--|---|
| <input type="checkbox"/> Face& Scalp Massage* | <input type="checkbox"/> Reflexology* |
| <input type="checkbox"/> Dry Brush Treatment* | <input type="checkbox"/> Hot Stone Enhancement* |
| <input type="checkbox"/> Specialty Massage Oil Upgrade | <input type="checkbox"/> Soft Cupping* |

What types of treatments are you interested in receiving additional information about?

- Hot Stone Aromatherapy Soft Cupping Cellulite Therapy Four-Hand
- Pre-Natal Reflexology Steam Massage Chair Massage
- Facial Services Sports Massage Couples Massage Pain Relief Face & Scalp
- Aesthetic Services Dry Skin Treatment Regular Massage/Treatment Plan

Emergency Contact Information:

Name: _____

Phone Number: _____

I confirm to the best of my knowledge that the information I have provided is accurate and complete. I have not withheld any information that may be relevant to my treatment and/or the results thereof. I am aware that there are inherent risks associated with massage services and bodywork. The services I am about to receive could have contraindications which could result in allergic reaction, irritation, burning, redness, soreness, etc. The use of alcohol and drugs, including muscle relaxers, is contraindicated for safe massage. Your service may be altered or refused for these reasons. By signing below, I further agree that I will not hold Elixir Mind Body Massage or its affiliates or any of its employees responsible should there be any unfavorable outcome or result.

Signature _____

Date: _____

Elixir Mind Body Massage is a GLBTQ- friendly business.