

Allergies:

Massage- Reiki- Hypervolt Intake Form for Evolve Massage and Wellness Center

Which service are scheduled for today? (Please circle one of the following) Massage Reiki Hypervolt

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

How do you want us to confirm your future appoints? **Call me at the above number.**

Send me a text, please don't call me!

Occupation: _____

In case of emergency, contact: _____ Phone #: _____

Relation: _____

Who referred to or how did you hear about Evolve? _____

Have you ever experienced massage before? Yes No Is yes, how long ago? _____

Do you have any allergies?	Yes	No	If yes, list them all:

Health History

Please list any medical conditions you have been diagnosed with, and any medical prescriptions, vitamins, or supplements:

Have you had any injuries/accidents in the last two years? Yes No

If yes, please give a description and dates:

Have you had any type of surgery in the last two years? Yes No

Please take a moment to answer these further questions about your health history. Your therapist will discuss in detail your health information to decide what type of massage is best fitted for your unique health profile.

Are you pregnant? *if yes, additional form required	Yes	No
Do you have diabetes?	Yes	No
Do you experience frequent headaches?	Yes	No
Do you have any contagious diseases?	Yes	No
Do you have high blood pressure? Controlled with meds?	Yes Yes	No No
Do you have joint replacements or medical implants?	Yes	No
Do you suffer from epilepsy or seizures?	Yes	No
Do you have difficulty with blood clotting?	Yes	No

Do you have varicose veins?	Yes	No
Do you have osteoporosis?	Yes	No
Do you have cardiac or circulatory problems?	Yes	No
Are you sensitive to touch in any area?	Yes	No
Do you have any numbness or stabbing pain?	Yes	No
Are you, or have you ever been a cancer patient?	Yes	No
Do you have any skin conditions, or irritation?	Yes	No
Do you bruise easily?	Yes	No

Rate your pain from 1-10 in these areas, 10 being the highest.

Legs: 1 2 3 4 5 6 7 8 9 10	Shoulders: 1 2 3 4 5 6 7 8 9 10	Feet: 1 2 3 4 5 6 7 8 9 10
Neck: 1 2 3 4 5 6 7 8 9 10	Back: 1 2 3 4 5 6 7 8 9 10	Glutes: 1 2 3 4 5 6 7 8 9 10
Knees: 1 2 3 4 5 6 7 8 9 10	Arms: 1 2 3 4 5 6 7 8 9 10	Other: 1 2 3 4 5 6 7 8 9 10

What kind of pressure do you prefer? Circle one of the following: **LIGHT** **MEDIUM** **DEEP**

Cancellation Policy and Arriving Late- 24-hour notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. There will be a **\$25** fee assessed to your account for any late cancellations or no-show clients. If you arrive late, your session will be shortened to accommodate appointments that follow yours. Regardless of the length of the treatment given, the session will be charged in full.

Client Consent/Liability Waiver-Massage/bodywork should not be performed under certain medical conditions. The information that I provided is accurate and complete. I agree to keep Evolve informed of any changes in my medical profile and understand that there shall be no liability on Evolves' part should I fail to do so. The services I am schedule for require person to person contact. By signing below, I am acknowledging this and giving permission to be treated at Evolve Massage and Wellness Center, LLC. Evolve Massage & Wellness Center is not responsible for any items that you may leave unattended. We strongly recommend leaving expensive, personal items at home, or locked in your car. If you do bring them with you, be sure to gather all items from the treatment room prior to leaving.

By signing this Agreement, I RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE, INDEMNIFICATION, HOLD HARMLESS, LIMITATION OF WARRANTY Evolve Massage and Wellness Center responsible for contracting communicable/contagious diseases and conditions such as, but not limited to, Influenza, COVID-19, other viruses, and contagious skin conditions.

Any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment for the scheduled appointment.

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

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