

## Massage- Reiki- Hypervolt Intake Form

**Which services 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: \_\_\_\_\_

**Can we confirm your future appointments via text message to the mobile number above:**   **Yes**   or   **No**

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**

**Are you pregnant?**   **Yes**   **No**   (if yes, a different form is needed)

**Have you been diagnosed with Cancer?**   **Yes**   **No**   (if yes, an additional form is needed)

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**

\_\_\_\_\_  
\_\_\_\_\_

Have you consumed alcohol or recreational drugs today?	Yes	No	Do you have varicose veins?	Yes	No
Do you have diabetes?	Yes	No	Do you have osteoporosis?	Yes	No
Do you experience frequent headaches?	Yes	No	Do you have cardiac or circulatory problems?	Yes	No
Do you have any contagious diseases?	Yes	No	Are you sensitive to touch in any area?	Yes	No
Do you have high blood pressure? Controlled with meds?	Yes	No	Do you have any numbness or stabbing pain?	Yes	No
Do you have joint replacements or medical implants?	Yes	No	Do you have swelling / Edema?	Yes	No
Do you suffer from epilepsy or seizures?	Yes	No	Do you have any skin conditions, or irritation?	Yes	No
Do you have difficulty with blood clotting?	Yes	No	Do you bruise easily?	Yes	No

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

<b>Legs:</b> 1 2 3 4 5 6 7 8 9 10	<b>Shoulders:</b> 1 2 3 4 5 6 7 8 9 10	<b>Feet:</b> 1 2 3 4 5 6 7 8 9 10
<b>Neck:</b> 1 2 3 4 5 6 7 8 9 10	<b>Back:</b> 1 2 3 4 5 6 7 8 9 10	<b>Glutes:</b> 1 2 3 4 5 6 7 8 9 10
<b>Knees:</b> 1 2 3 4 5 6 7 8 9 10	<b>Arms:</b> 1 2 3 4 5 6 7 8 9 10	<b>Other:</b> 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 canceling an appointment. This allows the opportunity for someone else to schedule an appointment. **There will be a fee of 50% of the scheduled service assessed to your account for any same-day 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 scheduled 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. 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:** \_\_\_\_\_

**Consent to Treat a Minor:** The state of PA requires that a parent or guardian,, be physically **present in the room** during treatment of a minor during massage. By signing this form, I hereby authorize Evolve Massage & Center LLC to administer massage, Reiki therapy techniques to my child or dependent as they deem necessary.

**Name of Minor:** \_\_\_\_\_

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