



**CLIENT INTAKE FORM  
(CONFIDENTIAL-FOR PRACTITIONER'S USE ONLY)**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ FEMALES: Are you currently pregnant?  Yes  No

Relationship Status (single, married, divorced, separated) \_\_\_\_\_ # of Children \_\_\_\_\_ Ages \_\_\_\_\_

Occupation \_\_\_\_\_

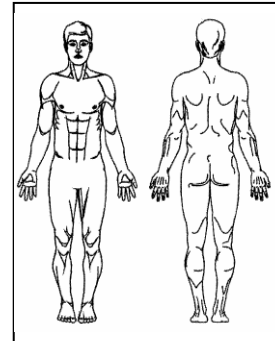
Current Medications/Supplements (please list what you are taking each for) \_\_\_\_\_

Emergency Contact (name, phone & relation to you) \_\_\_\_\_

Is this the first time you will be receiving a professional treatment?  Yes  No If no, how often? \_\_\_\_\_

Reason for your treatment today \_\_\_\_\_

Please **CIRCLE** the areas of the body you feel need the **MOST** attention  
Please place an "X" over the areas that you wish to have avoided  
**Presenting Complaints:**



Please mark the following areas of disease or symptoms as "C" for current "P" for past, and "CH" for chronic. Explain if necessary.

EMOTIONAL/PSYCHOLOGICAL	NEUROLOGICAL	RESPIRATORY	REPRODUCTIVE
Depression	Epilepsy	Bronchitis	Sexually Transmitted.Disease (type)
Eating disorder	Dizziness	Pneumonia/Pleurisy	
Mood swings	Insomnia	Tuberculosis	
Substance abuse	Migraines	DIGESTION	Endometriosis
AUTO-IMMUNE	MUSCULO-SKELETAL	Constipation (chronic)	Pregnancies (#)
AIDS/HIV	Arthritis	Diabetes (type)	Miscarriages (#)
Allergies	Rheumatism	Diarrhea (chronic)	Abortion (#)
Cancer (type)	Back Pain	Gastritis	MAJOR ILLNESSES
Fatigue	Carpal Tunnel	Hepatitis (type)	Chicken Pox
Fever (chronic)	Gout	Hypoglycemia	Measles
Fibromyalgia	Skin Disorder (type)	Jaundice	German Measles
Lupus	EAR/NOSE/THROAT	Liver Disorder	Mumps
Herpes (type)	Earaches (chronic)	Ulcers	Whooping Cough
Lymes Disease	Headaches	Flattulance	Rheumatic Fever
Mononucleosis	Jaw Pain	Pancreas	Scarlet Fever
ENDOCRINE	CARDIO-VASCULAR	UNIRARY	OTHERS
Adrenal Insufficiency	Angina	Bladder Infection	
Pituitary Dysfunction	Heart Attack	Kidney Stones	
Hyperthyroid	Stroke		
Hypothyroid	Hypertension		



## CONSENT FOR TREATMENT

Waves Spa offers a variety of treatments including Massage, Brennan Healing, Roling and Facials. Our intention is to facilitate you through a healing process which includes physical, emotional, mental and spiritual levels. We believe that a balanced state on all of these levels leads to your health and well-being.

Our staff consists of licensed massage therapists and full specialist technicians with a broad scope of certifications. Staff members are available to be your facilitators but you are always in charge of yourself and your session.

Communication is the key to getting the treatment you want. We ask that you give verbal feedback to your practitioner throughout your session. If you are uncomfortable let your practitioner know immediately. If you have questions about your treatment please ask your practitioner for clarification. Your health needs and comforts will always be honored.

At times your practitioner may ask about major stresses in your life, belief systems, health history, childhood, and other issues that influence your well-being. These discussions will be kept confidential. Please be aware that our staff may be discussing your work in confidence with a supervisor in order to develop the best healing plan for you.

We are not physicians and therefore do not diagnose or prescribe medications. Our staff will never advise you to discontinue any medical treatment you may be receiving. Our work is intended to be harmonious with other health practices, including allopathic medicine. Please feel free to discuss your treatments here at Waves Spa with your doctor.

Hydration is essential after all treatments. The release of tension from your muscle tissue releases toxins that must be eliminated from your body. Make sure to *drink plenty of water* after a treatment and throughout your day to help flush out these toxins so that they are not reabsorbed by your system. Soaking in a warm tub with Epsom salts the evening of your treatment is also a wonderful remedy. Most importantly, listen to your body as it communicates what it needs and honor yourself by meeting those needs.

If you have any questions at this time please ask us for assistance. In signing the attached Acknowledgment and Release, you state full understanding of the information stated above.

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## ACKNOWLEDGEMENT & RELEASE

I hereby acknowledge that I have read the foregoing Consent for Treatment, am satisfied that I fully understand the nature of the treatments, and freely elect to receive these treatments. I release Waves Spa from any and all claims of malpractice, non-disclosure, or lack of informed consent. I freely assume any and all risks of the treatment whether presently contemplated or hereinafter discovered.

Sign \_\_\_\_\_

Date \_\_\_\_\_