



Healing Naturally With Stasia

ABN 51291244685
Stasia Petralia (Ad. Dip. Naturopathy)

Massage Intake Form

Client Information (Please Print Clearly)

Date: _____

Name: _____ DOB: _____ Gender Male Female

Cell Phone: _____ Text OK? Yes No

How do you prefer to be contacted?

Email: _____

Address: _____ City: _____ State: _____ P/C: _____

Occupation: _____

Emergency Contact: _____ Emerg. Cont. Phone: _____

How Did You Hear About Us? _____

Have you ever had professional massage before? Yes No if yes, when? _____

Medical Background

Are you currently under the care of a physician? Yes No if yes, for what condition? _____

Previous surgeries/injuries/accident/illness and dates: _____

Do you have any contagious disease? Yes No if yes, for what disease? _____

Do you suffer from frequent headaches? Yes No if yes, how often? _____

Please list any medications you are taking and why: _____

Are you Pregnant? Yes No If yes, when are you due? _____

Client Self Assessment

Please check any condition listed below that applies to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Stabbing Pain |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergic to nuts | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Allergic to oils | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Joint Swelling | <input type="checkbox"/> Other Allergies _____ | <input type="checkbox"/> Sprains/Strains |
| <input type="checkbox"/> Open Sores | <input type="checkbox"/> Cancer | <input type="checkbox"/> TMJ Problems |
| <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> Circulatory Problems | |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Tennis Elbow | |

Comments: _____

Do you smoke? YES NO

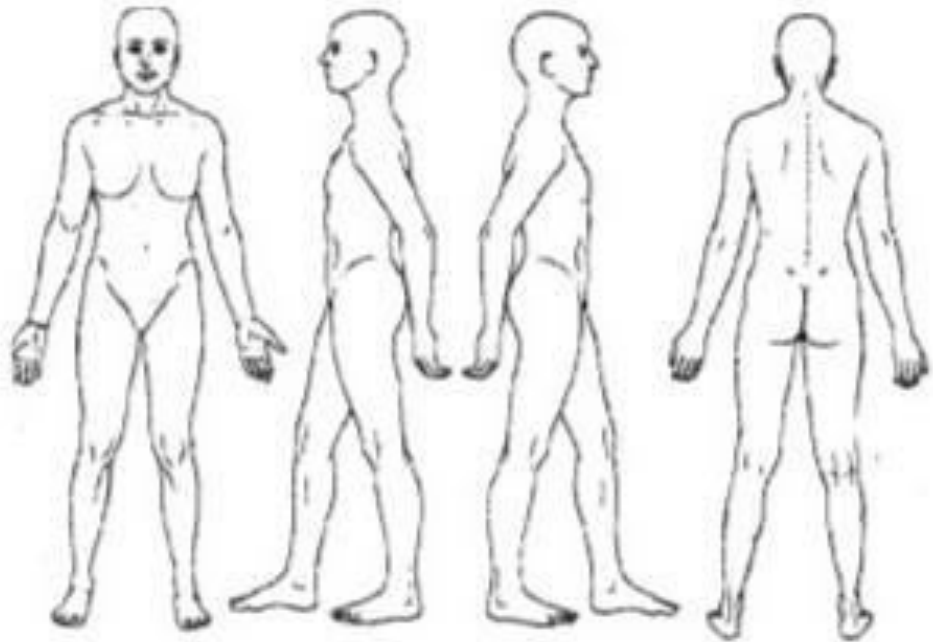
How often do you exercise? _____

1 Relaxation Massage Intake Form for NAME _____ SIGNATURE _____

What is your reason(s) for your massage today?

- Relaxation Release Tension Aid in Recovery from an Injury Other _____

Please indicate with a circle any areas you are feeling discomfort.



Comments: _____

Informed Consent to Treatment & General Liability

- I have completed this form to the best of my knowledge and will inform Stasia Petralia of any change in my physical health. I understand the importance of informing Stasia Petralia and Healing Naturally With Stasia of all medical conditions and medications I am taking, and to let Stasia Petralia and Healing Naturally With Stasia know about any changes to these. I understand that there may be additional risks based on my physical condition.
- I understand that Stasia Petralia and Healing Naturally With Stasia can not diagnose illness, disease, or any other medical, physical, or emotional disorder nor perform any spinal manipulations. I am responsible for consulting a qualified physician for any physical ailments that I have.
- I understand that massage is not a substitute for traditional medical treatment or medications.
- I understand that massage therapy is a therapeutic health aide and is non-sexual. I also understand that any illicit or sexually suggestive remarks or advances made will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.
- I understand that if Stasia Petralia starts a session late, she will make it up to me at the end of my session if possible, or will reduce my fee accordingly. I understand that if I arrive late/was not ready on time, my session will end at the originally scheduled time so the client following me is not penalized and full payment will be due.
- I agree to give 48-hour notice for a scheduled session that I cannot keep. I am aware that I may be charged the full fee for any missed sessions or for sessions that I do not give 48-hour notice to cancel or reschedule.
- I give my permission to receive massage therapy.
- I have clearance from my physician to receive massage therapy.
- I understand the risks associated with massage therapy include, but are not limited to:
 - Superficial bruising
 - Short-term muscle soreness
 - Exacerbation of undiscovered injury

I therefore release Healing Naturally With Stasia and Stasia Petralia from all liability concerning these injuries that may occur during the massage session.

- I understand that it is my responsibility to inform Stasia Petralia of any discomfort I may feel during the massage session so he/she may adjust accordingly.
- I understand that I or the massage therapist may terminate the session at any time.
- I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

Signed: _____ Date: _____