

Personal Information

* _____
name date of birth

* _____
address

* _____
city state zip

* _____
home phone cell phone

work phone extension

* _____
email address

occupation

employer

employer address

marital status if married, spouse's name

referred by

* _____
emergency contact name (relationship) phone number

physician's name phone number

Bodywork Experience

Have you had a professional massage before? Yes No

How frequently do you receive massage therapy? _____

Have you received other types of alternative healing? What types?

What are your goals for treatment? _____

Health History

Musculoskeletal

- Bone or joint disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Migraines/Headaches
- Osteoporosis

Circulatory

- Heart Condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Lymphedema
- Thrombosis/Embolism

Respiratory

- Breathing Difficulty/Asthma
- Emphysema
- Allergies, specify: _____
- Sinus Problems

Nervous System

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis
- Parkinson's Disease

Reproductive

- Pregnant, stage _____
- Ovarian/Menstrual Issues
- Prostate

client signature

Current Health

Reason for initial visit _____

Height and weight _____

Do you exercise regularly and/or participate in any sports? Yes No
If yes, what kind of exercise/sports? _____

Do you perform any repetitive movement in your work, sports or hobby? Yes No
If yes, describe _____

Do you sit for long hours at a workstation, computer or driving? Yes No
If yes, describe _____

Do you experience stress in your work, family or other aspect of your life? Yes No
If yes, describe _____

Are you experiencing tension, stiffness, discomfort or pain? Yes No
If yes, describe _____

Have you recently had an injury, surgery, or areas of inflammation? Yes No
If yes, describe _____

Do you have sensitive skin? Yes No

Do you have any allergies to oils, lotions or ointments? Yes No
If yes, please explain _____

List any medications you are currently taking _____

List any known allergies _____

Skin

- Allergies, specify: _____
- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores

Digestive

- Irritable Bowel Syndrome
- Bladder/Kidney Ailment
- Colitis
- Crohn's Disease
- Ulcers

Psychological

- Anxiety/Stress Syndrome
- Depression

Other

- Cancer/Tumors
- Diabetes
- Drug/Alcohol/Tobacco Use
- Contact Lenses
- Dentures
- Hearing Aids

Any other medical condition(s) not listed: _____

Please explain any of the conditions you marked above

date of initial visit

Client Agreement

It is my choice to receive massage therapy or other selected healing services. I am aware of the benefits and the risks of massage and/or the selected healing service and give my consent. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that my selected healing service is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

client signature

date

Draping

Washington state has rules requiring “safe and functional coverage and draping practices” during massage treatments. The law requires draping to cover genitals and the gluteal cleft, as well as the “breast area” in clients of any gender. With prior written, verbal and signed consent, clients may elect to allow draping to be temporarily removed from the breast area in order for therapeutic work to be done in that area. This does not include massage of the breast tissue, for which specific provider certification and a separate consent form is required. In addition, with prior informed and written consent, a client of any gender may elect to have their upper torso undraped during the entire massage at their preference. Please check and initial your choice of draping:

- Full draping: Chest area always covered.
- Moderate draping: Chest area ok to uncover temporarily while working on that area. Verbal consent to be requested at time of treatment.
- Less draping: Chest may be uncovered during entire massage at client’s discretion. Client may request this at time of treatment.

Age guidelines

Clients must be 18 years of age or older to utilize the locker room, showers, sauna and outdoor deck. Signature affirms you are at least 18 years old.

client signature

date

Risks and Health Concerns

- The sauna can reach temperatures of up to 190°. The walls, floor and metal surfaces are extremely hot; Use caution.
- Hydrotherapy is an energetic activity. Consult with your physician before using the facility if you have any health conditions (heart conditions, anemia, diabetes, high or low blood pressure).
- Refrain from using the facility if you have any active infections, open wounds or communicable diseases.
- If you feel dizzy, nauseated or sustain an injury, immediately stop use of the facility and advise a staff member.

Conduct and Rules

- Sacred Rain strives to provide a safe space for all people. Lewd conduct, inappropriate behavior or comments, and sexual activity are strictly prohibited. Anybody acting inappropriately will be asked to leave. _____ (client initials)
- To maintain clear and safe boundaries for all, Sacred Rain does not allow public displays of affection, massage or cuddling in the public spaces. _____ (client initials)
- **ELECTRONIC DEVICES:** We want to maintain a relaxing and tranquil space for all guests. Please be sure phones are turned off or silent when you enter the spa. We recommend leaving electronic devices in your locker, although we recognize that some people may need to keep theirs at hand. To assure privacy for all, photography is prohibited without the expressed special permission of Sacred Rain staff. The lobby Wave Lounge is a great place to check emails or access the web. Please refrain from any telephone conversations while in the spa or on the deck. **NO CELL PHONES INSIDE THE SAUNA OR IN THE POOL AREA.**
- Food or non-alcoholic drinks may be consumed in lounge spaces or on the deck. Glass containers are prohibited in the spa or on the deck.
- Anyone apparently under the influence of alcohol or other drugs, or exhibiting any inappropriate behavior (derogatory statements, profanity, etc.), will be asked to leave.
- Shower thoroughly before entering the sauna or pool. If you are wearing a bathing suit, please shower in the nude and wash out your suit in the shower separately.
- Sacred Rain requires 24-hour notice for cancellation of scheduled massage or healing services. I understand and agree that I may be required to pay for the service if I do not cancel within the notice period.
- Sacred Rain is not responsible for any lost or stolen items. Store personal items in a locker.

Release of Liability

I waive my right to sue and agree to defend, indemnify and hold Sacred Rain Healing Center and its owners, employees, independent contractors and agents harmless from lawsuits brought by myself or my heirs, from and against any and all liability, loss, expense (including attorneys’ fees), or claims for injury or damages now or in the future that may arise out of my use of Sacred Rain Healing Center services and facilities, including but not limited to the parking area, sidewalk, porch, lobby, locker room, bath rooms, deck, sauna, spa pool, treatment rooms and chill spaces; or out of my participation in any Sacred Rain Healing Center services or programs.

_____ (client initials)

I have read the information and guidelines included in the Client Intake Form and agree to follow them.

client signature

date

witness (staff member)

date