



Celestial Spa

CLIENT INTAKE FORM

Massage Therapy

Name _____

Therapist : _____

Email Address _____

Therapist Notes:

Address _____

Phone _____ Date of Birth _____

Massage Preference Light Medium Firm

- How did you learn about us? _____
- Have you received massage therapy or bodywork before? Yes No
- When was your last massage? _____
- Are you on any medication? Yes No If yes, which ones _____
- Please list any allergies and recent injuries, surgeries, accidents, or medical treatments _____
- Are you currently pregnant? Yes No If yes, how many weeks? _____

****Please mark any of the following conditions you may currently have.**

- Neck or back injury
- Infection
- High Blood Pressure
- Sports Injury
- Varicose Veins
- Acute Pain
- Chronic Pain
- Grief Process
- Recent Surgery or Open Wounds
- Other: Please Specify _____

- Please select any of the following enhancements you would like to add to elevate your experience
- \$10 each
- Hydrating Foot Scrub
 - Back Balm: CBD, Magnesium & Arnica
 - Aromatherapy
- \$25 Each
- CBD Massage Oil
 - Red Light Therapy
 - Dry Brushing
 - Sinus Treatment
 - Full Body Hot Himalayan Salt Stones

- Please select any additional services to be completed after your massage treatment for \$25 each*
- Ionic Foot Detox
 - Lemongrass Foot Soak & Himalayan Salt Domes
 - Infrared Sauna Session

*These services will extend your time with us and will be added after your spa appointment for at least half an hour.

I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical treatment nor perform spinal manipulations. The above information is accurate and true to the best of my knowledge. I understand massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental, or emotional changes that occur with my health. I will inform the therapist of my current condition at the time of each visit. I also understand that cancelled or missed appointments without 24 hours notice may be charged in full for the price of the missed session.

Signature _____

Date _____