

We at Hela Spa would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let your practitioner know.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Have you ever received massage therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of massage experienced (swedish, shiatsu, deep tissue, etc.) \_\_\_\_\_

Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list name and reason for medications \_\_\_\_\_

Are you currently seeing a healthcare professional? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list names and reason/treatment \_\_\_\_\_

Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

hepatitis (A, B, C, other)

skin conditions

stroke

surgery

TMJ disorder

depression, panic disorder, other psych

condition

diverticulitis

arthritis

diabetes

blood clots

broken/dislocated bones

bruise easily

cancer

chronic pain

constipation/diarrhea

headaches

heart conditions

back problems

high blood pressure

insomnia

muscle strain/sprain

pregnancy

scoliosis

seizures

whiplash

stroke

surgery

TMJ disorder

depression,

panic disorder other psych

condition

headaches

chemical dependency (alcohol, drugs)

auto-immune condition (\*AIDS,  
fibromyalgia, chronic fatigue, lupus, etc.)

If any of the above needs to be detailed or if there is a

please do so:

Do you have any of the following today:

skin rash cold/flu open cuts severe pain

anything contagious injuries/bruises

Do you have any allergies to:

medications foods (nuts, etc.)

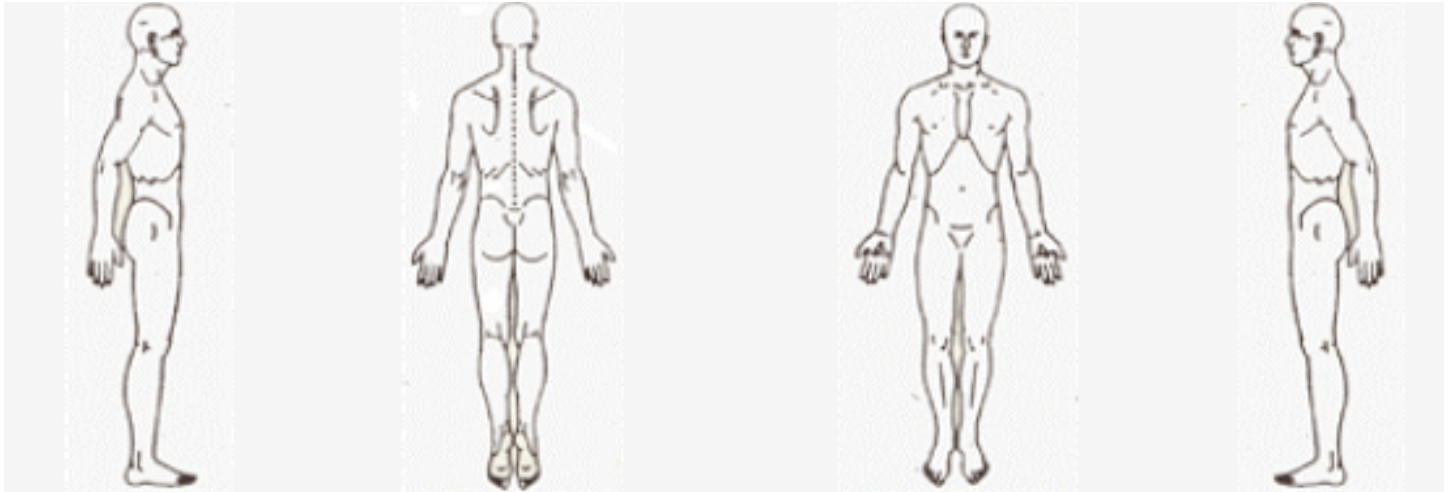
environmental allergens (dust, pollen, fragrances)

reactions to skin care products

If any of the above are checked, please give details:

Are you wearing: contact lenses, a hearing aid or a hairpiece?

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



What are your goals/expectations for this therapy session?

The following sometimes occurs during massage. They are normal responses to relaxation. Trust your body to express what it needs to:

need to move or change position

sighing, yawning, change in breathing, stomach gurgling, emotional feelings and/or expression

movement of intestinal gas, energy shifts, falling asleep, memories

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

Signature: \_\_\_\_\_ Date \_\_\_\_\_