



Salon
&
Day Spa

CHANGES

Center for Well Being

1475 N. Broadway
Walnut Creek, CA 94596

(925) 947-1814

www.changessalon.com

To insure a relaxing experience for our guests Silence is honored in our SPA.

Please be sure your cell phone or pager is turned to vibrate.

If you need to make or receive a call, please ask your technician to escort you out of the spa area.

MESSAGE/BODY TREATMENT CONSULTATION

Name: _____

Technician: _____

Date: _____

Have you had a professional massage or body treatment before? Yes No

What would you most like to accomplish in today's visit? _____

What activities do you do on a daily basis (i.e. work, recreation, home)? _____

Are you experiencing any discomfort at this time? Yes No

If yes, please specify area(s) of discomfort _____

Do you have any medical conditions? (I.E. High Blood Pressure, Heart Condition, Diabetes, Skin Conditions, etc.) Yes No

If yes, please explain: _____

Do you have any skin allergies? Yes No

If yes, please explain: _____

Are you in the care of a doctor, chiropractor or are you taking any medication? Yes No

If yes, please explain: _____

Do you, or have you ever had any back, neck or spine problems? Yes No Initial _____

If yes, please explain: _____

Have you been in an accident or suffered any injuries in the past two years? Yes No

If yes, please explain: _____

Are you pregnant? Yes No If yes, how far along? _____

Are you wearing contact lenses? Yes No

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension.

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

I understand that massage/bodywork is not a substitute for any other medical care.

I affirm that I have stated all my known medical conditions, and answered all questions honestly.

I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

I agree that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ Date _____

Additional Information: _____

Final Assessment: _____