

BEYOND BEAUTE DAY SPA
MASSAGE & BODYWORK TREATMENT FORM

DATE ____/____/____

FIRST NAME (please print clearly)

LAST NAME

Have you had a professional massage before?

☐ YES ☐ NO

If so, date of last treatment: _____

Are you presently under a doctor's care?

☐ YES ☐ NO

If yes, please list doctor's name and reason: _____

What medication(s) do you take on a regular basis?

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-

Are you allergic to any medications? ☐ YES ☐ NO If yes, please list: _____

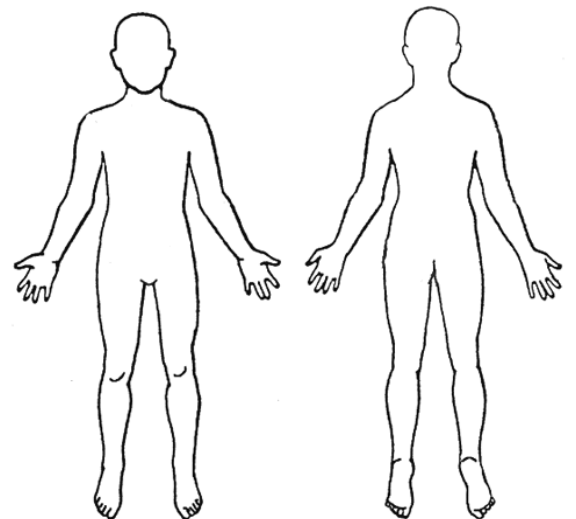
Do you have any other known allergies? ☐ YES ☐ NO If yes, please list: _____

Do you currently, or have you ever had, any of the following conditions?

- ☐ Arthritis ☐ Allergies ☐ Any Contagious Disease/Illness ☐ Blood Clots/Phlebitis
☐ Cancer (of any kind) ☐ Chronic Back/Neck Pain ☐ Circulatory Problems
☐ Diabetes ☐ Epilepsy ☐ Frequent Headaches ☐ Fibromyalgia/Chronic Fatigue
☐ Heart Condition/Pacemaker ☐ High Blood Pressure ☐ Inflammation/Swelling
☐ Injuries within past 12 months ☐ Osteoporosis ☐ Pregnant (How many months?____)
☐ Silicosis ☐ Skin Rash/Conditions ☐ Surgeries within past 12 months ☐ Varicose Veins
☐ Other: _____

Please **CIRCLE** the areas on the diagram that you feel need the most attention. Place an **"X"** over the areas that you wish to have avoided.

What outcome do you expect from this massage/bodywork session?



BEYOND BEAUTE MASSAGE & BODYWORK CONSENT

Please read the following statement and sign where indicated

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. There are certain medical conditions in which receiving a massage may not be appropriate. In those cases. A referral from a physician may be required prior to the services being provided. Massage/bodywork is not a substitute for medical attention received by a medical specialist. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure /strokes may be adjusted. In addition, if I am uncomfortable for any reason, I may ask the session to be stopped immediately. Draping will always be used during massage/bodywork sessions. No breast massage shall be done without written consent of the client and therapist. Any illicit or sexually suggestive remarks, or advances, made by me (the client) will result in the immediate termination of the session.

Client Signature

Date

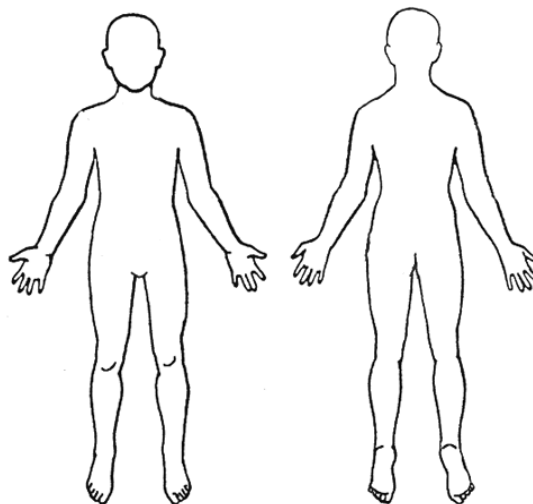
____/____/____

FOR THERAPIST USE ONLY

Services performed today:

Type of massage technique used during the massage session:

CIRCLES indicate the areas of the body that will be massaged and the "X" indicates the areas of the body that will be avoided and the contraindications.



Therapist Signature

Date



Clear Lake
14870 Space Center Blvd.
Houston, TX 77062
281.286.7700

Deer Park
2805 Center Street
Deer Park, TX 77536
281.930.1734