



**MASSAGE THERAPY AND BODY TREATMENT INTAKE FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you a VIDA Member? YES NO

How did you hear about Aura spa? \_\_\_\_\_

**Are you interested in learning about membership at VIDA Fitness or would like guest passes to try the gym out? Please circle:**

YES NO

Please list any allergies, including allergies to medications food/medications/iodine: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications, including hormones, vitamins, and supplements? \_\_\_\_\_

\_\_\_\_\_

Have you had any injuries or surgeries in the past 12 months? \_\_\_\_\_

\_\_\_\_\_

What is the reason for your visit? (Relaxation, Pain, etc.): \_\_\_\_\_

\_\_\_\_\_

Please indicate any of the following conditions:

- |             |                     |                |
|-------------|---------------------|----------------|
| Arthritis   | Edema               | Joint Pain     |
| Asthma      | Fibromyalgia        | Osteoporosis   |
| Blood Clots | High Blood Pressure | Pregnancy      |
| Bursitis    | Low Blood Pressure  | Stroke         |
| Cancer      | Heart Disease       | Skin Disorders |
| Diabetes    | HIV/Aids            |                |

Other: \_\_\_\_\_

**PLEASE RESPECT OUR GUESTS: TURN OFF YOUR PHONES.**

