

Massage Information Form – Stone House Inn & Spa

name: _____ date: _____

street address: _____

city, state and zip code: _____

phone: _____ (primary) _____ (cell) birthday: _____ (mm/dd)

Do you wear contact lenses? _____ yes _____ no

Have you ever had a professional massage before? _____ yes _____ no If yes, when? _____

Primary reason for your appointment today: _____

Do you exercise regularly or participate in any sports? _____ yes _____ no Describe: _____

Have you had any surgery? _____ yes _____ no If yes, please describe: _____

Have you suffered an acute injury lately? _____ yes _____ no If yes, please describe: _____

Do you have any condition that could affect service options, such as: arthritis, blood clots, circulation disorders, diabetes, heart problems, high blood pressure, sensitivity to heat or any cosmetic ingredients, taking any medications such as blood thinners, varicose veins, etc.? _____

Do you have food allergies? _____ yes _____ no / Latex allergies? _____ yes _____ no

Any other allergies? _____

Are you currently taking any prescription medications? _____ yes _____ no If yes, please list name and reason for medication: _____

Are you currently pregnant or undergoing fertility treatments? _____ yes _____ no

Have you ever suffered from claustrophobia? _____ yes _____ no

Is there anything your technician should be aware of before your treatment?

In consideration for receiving Stone House Inn & Spa services, I hereby release, waive, discharge, and covenant not to sue Stone House Inn & Spa, it's owners, officers, agents, servants, and employees from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on the Stone House Inn & Spa premises. I am fully aware of the risks involved and hazards connected with spa treatment, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by the negligence or otherwise.

SIGNATURE: _____ DATE: _____