



LETHBRIDGE THAI MASSAGE & SPA INC

B 229 12 C Street N, Lethbridge AB, T1K 2M6

(587) 425-0074

www.lethbridgethaimassage.com

Date: _____

First Name		Last Name		Date of Birth	
Email				Work Phone	
Street Address				Cell Phone	
City		Prov.		Postal Code	
Emergency Contact Name			Emergency Contact Phone		
Have you received a professional massage before?			If yes, how often do you receive a massage?		
How did you hear about us? Referred by?					

Check the boxes below if you believe any apply to you:

- Heart Condition
- High/Low Blood Pressure
- Deep Vein Thrombosis
- Stroke
- Hepatitis
- Kidney Disorder
- Liver Conditions
- Sprains or Fractures
- Artificial Joints
- Implants/Shunts/Pacemaker

Other Health Related Conditions:

- Bruise Easily
- Skin Conditions, Cuts, Wounds:
Please explain: _____
- Headaches/Migraines
- Dizziness/Fainting
- Neurological Disorders
- Epilepsy/Other Seizures
- Pregnant (___ weeks)
- Spinal Injury
- Head Injury
- Respiratory Condition
- Diabetes
- Osteoporosis
- Cancer

List accidents and surgeries:

List known allergies:

List goals for this treatment:
(e.g. relaxation, improve flexibility)

- **PLEASE NOTE:** a 24 hour cancellation notice is required or a cancellation fee will be charged
- I authorize **Lethbridge Thai Massage and Spa** to collect my personal information as documented above in order to contact me, and give permission for us to leave messages regarding appointments. I understand that my information is confidential and will only be disclosed to third parties with my permission.
- I understand that **Lethbridge Thai Massage and Spa** is a multidisciplinary center and therapists may consult each other in order to give the most appropriate treatment. I have read and understand the additional information on this form about my treatment. Sexual harassment will not be tolerated. If the safety of the practitioner feels compromised, the session is ended immediately.
- I have stated all known medical conditions and will keep the therapist updated so they can provide the best treatment

Signature _____

Date _____

LETHBRIDGE THAI MASSAGE & SPA INC.



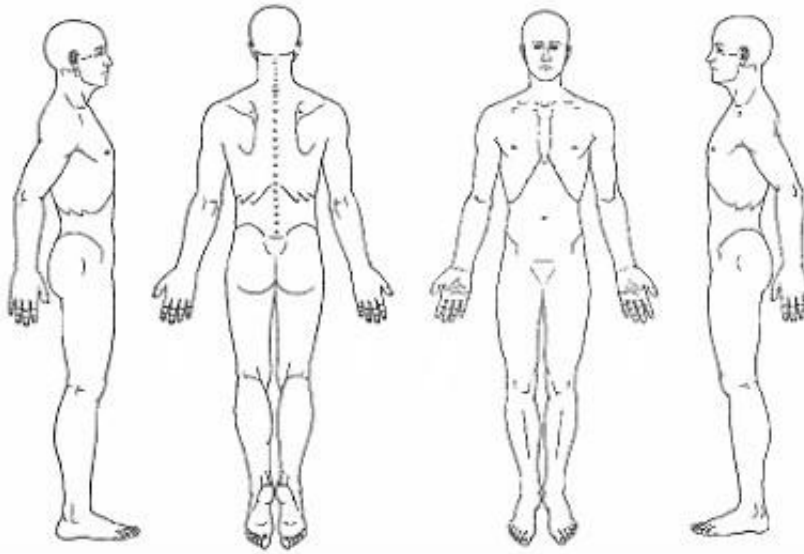
lethbridgethaimassage.com
CERTIFIED, REGISTERED
MASSAGE THERAPISTS
INSURANCE APPROVED
100% NON SEXUAL

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KEY SYMBOLS:

- Pain, Stiffness/tension
- ≈ Spasm
- X Adhesion/Scar Tissue
- Inflammation
- / Elevation or depression
- ↔ Rotated

KEY ABBREVIATIONS:

- R Right
- L Left
- BL Bilateral
- ROM Range of Motion
- XFF Cross Fiber Friction
- P Pain
- M Massage
- HA Headache
- > Less than
- < Greater than



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Please read carefully and initial to show that each point is understood. If anything is not understood, please ask.

_____ I am not a hemophiliac. I do not have hepatitis, cancer, AIDS, HIV, epilepsy, or any communicable disease.

_____ I am not under the influence of alcohol or drugs.

_____ I acknowledge that it is not reasonably possible for any representative of Lethbridge Thai Massage and Spa to determine whether I might have an allergic reaction to herbal compresses, oil, or even slight friction burn. I agree and accept the risk that such a reaction may be possible.

_____ I acknowledge that I have represented myself truthfully to Lethbridge Thai Massage and Spa and that I am 18 years or older, and if I am under 18 years old I will need parents consent.

_____ I agree to release and forever hold Lethbridge Thai Massage and Spa unaccountable from any and all claims, damages and legal actions connected in any way to the procedures and conduct used in massage therapy.

Signature	Date
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Parental Consent if under 18

First Name	Last Name	Signature
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Thank you!