

# Ohlala Massage Intake Form

- - Confidential Information - -



WELCOME! We are here to make your Massage appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let us know.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Have you ever received massage therapy?  Yes  No

If yes, Type of massage experienced:  Swedish  Deep tissue  Other \_\_\_\_\_

Are you currently taking any medications?  Yes  No

If yes, please list name and reason for medications \_\_\_\_\_

Are you currently seeing a healthcare professional?  Yes  No

If yes, please list names and reason/treatment \_\_\_\_\_

Please review this list and check those conditions that have affected your health either recently or in the past.

Place a check (or "x") mark next to the condition.\*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Skin Conditions         | <input type="checkbox"/> Back problems  |
| <input type="checkbox"/> Arthritis   | <input type="checkbox"/> Stroke                  | <input type="checkbox"/> Insomnia       |
| <input type="checkbox"/> Blood clots                                       | <input type="checkbox"/> Surgery                 | <input type="checkbox"/> Scoliosis      |
| <input type="checkbox"/> Broken/dislocated bones                           | <input type="checkbox"/> TMJ Disorder            | <input type="checkbox"/> Seizures       |
| <input type="checkbox"/> Muscle Strain/Sprain                              | <input type="checkbox"/> Chronic Pain            | <input type="checkbox"/> Diverticulitis |
| <input type="checkbox"/> Bruise easily                                     | <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Headaches      |
| <input type="checkbox"/> Constipation/diarrhea                             | <input type="checkbox"/> Heart Conditions        | <input type="checkbox"/> Whiplash       |
| <input type="checkbox"/> High Blood Pressure                               | <input type="checkbox"/> Auto-immune condition** |   |
| <input type="checkbox"/> Hepatitis (A, B, C, other)                        |  |   |
| <input type="checkbox"/> Depression, panic disorder, other psych condition |  |   |
| <input type="checkbox"/> Chemical dependency (alcohol, drugs)              |  |   |

\*If any of the above needs to be detailed, or if there is anything else you'd like to share, please provide here:

\_\_\_\_\_  
\*\*AIDS, fibromyalgia, chronic fatigue, lupus, etc.

Do you have any of the following today?

- |   |  |
|---|--|
| <input type="checkbox"/> Skin rash          | <input type="checkbox"/> Open wounds             |
| <input type="checkbox"/> Cold/Flu symptoms  | <input type="checkbox"/> Injuries and/or bruises |
| <input type="checkbox"/> Severe pain        | <input type="checkbox"/> Pregnancy _____ weeks   |
| <input type="checkbox"/> Contagious illness |  |

Are you wearing?

- |   |
|---|
| <input type="checkbox"/> Contact lenses |
| <input type="checkbox"/> Hearing Aid    |
| <input type="checkbox"/> Wig or toupee  |

Do you have any allergies to:

Medications: \_\_\_\_\_

\_\_\_\_ Foods \_\_\_\_ Nuts \_\_\_\_ Other: \_\_\_\_\_

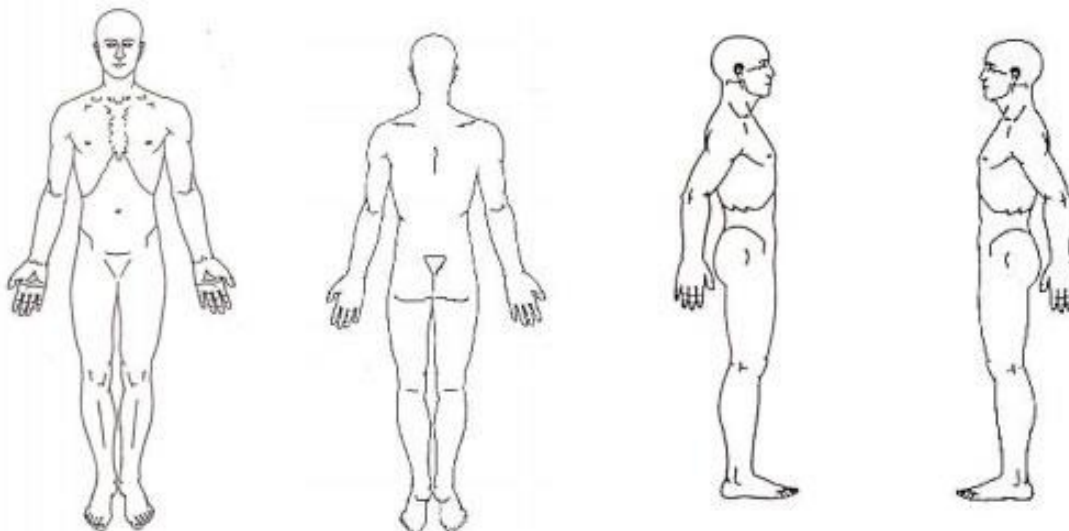
Environmental allergens: \_\_\_\_ Dust \_\_\_\_ Pollen \_\_\_\_ Fragrances \_\_\_\_ Other: \_\_\_\_\_

Reactions to skin care products: \_\_\_\_\_

GRATUITY IS NOT INCLUDED, TIPS ARE CUSTOMARY AND APPRECIATED

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Please indicate with an (X) the areas, if any, in which you are feeling discomfort:



Are you comfortable with massaging the following areas of your body?

Face:  Yes  No

Scalp:  Yes  No

Gluteal Muscles:  Yes  No

Feet:  Yes  No

Upgrade your massage session with the following options: (Please check or "x" for upgrade)

- \$20** - Stretching (increases flexibility and joint range of motion)
- \$7** - Hot Towels – (heat relieves muscle soreness and increases blood circulation)
- \$10** - Scalp Massage – (relieves migraine and enhances mood by improving blood flow to the head and neck)
- \$10** - Facial Massage (relieves sinuses and TMJ issues, increases collagen production and considered a form of anti Aging skin care)
- \$10** - Aromatherapy using essential oil (reduces anxiety, ease depression and boost energy level and strengthen the immune system)
- \$15** - Foot Scrub & Reflexology (exfoliates the dead cells in your feet, soothes dry skin, relieves achy feet and ankles)
- \$30** - Body Scrub (exfoliates dead cells in your skin, enhance the skin look and stimulate the blood circulation in your muscles)
- \$10** - Use Anti-Inflammatory Arnica and Argan Oil (Arnica reduces inflammation and Argan oil moisturizes the skin recommended for clients with dry skin and muscles inflammation).

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reminder – Underware is required during all massages

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