



Massage CONSENT & INTAKE

Name of Guest			
Day & Date			
Guest's Address			
City, State & Zip			
Cell Telephone #			
Date of Birth			
Email Address			
How did you hear about us?			
Please List any/ all medical Conditions/Allergies			
Please list all Medications which you are currently taking :			
Please describe your area(s) of concern:			
Were you in an auto accident within the past 12 months?			YES
			NO
If you answered yes :			
Date of Accident:	Did you see a doctor within 30 days of the accident?	YES	NO



Massage Therapy services are designed to be a health aide and are in no way to take place of a Doctor's care.

Massage Therapy is intended for the relief of muscle tension or spasms to reduce stress, and to assist venous and lymphatic circulation. **Massage Therapist do not diagnose disease, prescribe medication, or manipulate the spine.**

RELEASE:

I understand and agree that massage services provided by the Licensed Massage Therapist here at Align Chiropractic Day Spa are in accordance with the laws of the State of Florida. I agree to hold harmless, release and indemnify this Licensed Massage Therapist, Spring Hill Chiropractic, Inc. dba Align Chiropractic Day Spa and Dr. Jessica Crivelli against any and all liability arising from the receipt of massage therapy.

By signing this I hereby declare that I have provided all relevant information necessary for the proper receipt of massage therapy and give my permission for this massage therapist to provide such therapy.

Guest Signature _____ Date _____

Witness Signature _____ Date _____