



Massage Intake Form

Name: _____ DOB: _____ Gender: _____

E-Mail: _____ Cell Phone: _____

Address: _____ ZIP: _____

Treatment: Swedish Sport/Deep Tissue Reflexology Prenatal Lava Shell

Length: 30-Minute 50-Minute 80-Minute 110-Minute

Do you have any medical condition, including pregnancy, or allergies we should be aware of? Yes No

Specify: _____

Please list any areas of the body that you would like your therapist to focus on:

Body areas you want us to avoid: _____

Preferred pressure: Light/Meditative Medium/Invigorating Firm Pressure

Add-on Options

Aroma Therapy

\$10

Uses fragrant oils extracted from herbs, flowers, and fruits to naturally enhance the benefits of massage.

Organ Detox (Adds 5 minutes)

\$8

Clockwise abdominal massage to stimulate vital organ & digestive health. Detoxifies the body and mind.

Acceptance

Your experience is important to us, however arriving late for a treatment might result in reduced treatment time with full charges incurred. We require a **4-hour cancellation notice to avoid a 50% penalty**. No Shows will be charged a **100% Penalty**.

Any lewd or inappropriate behavior will **NOT** be tolerated. Your treatment will conclude immediately if any misbehavior is reported by our therapist.

I affirm that I have disclosed all known medical conditions and I release DESUAR Spa from any liability resulting from adverse reactions to services provided or any item lost in the facilities.

Please read and initial the following, and sign below:

_____ I understand that this massage is not a replacement for medical care and that no diagnosis will be made.

Signature: _____

Date: _____