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Massage Therapy - Aromatherapy - Healthy Habits

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Areas of Pain or Conditions**

□ Sinus Pressure □ Neck Pain □ Mid-back Pain Low Back Pain □ Ankle Pain

□ Arm/Wrist Pain □ Foot Pain □ Abdominal Pain □ Hip Pain □ IT Band Pain

□ Allergies □ Sciatic Pain □ Pregnant Trimester \_\_\_\_\_\_ Due Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Aromatic Preferences**

☐ Mints ☐ Florals ☐ Citrus ☐ Herbal/Earthy ☐ Woodsy ☐ Spicy

**Lifestyle Questions**

☐ YES ☐ NO I eat a vitamin-nutrient rich diet that’s high in whole foods and low in ultra-processed ingredients.

☐ YES ☐ NO I’m free from digestive discomfort and have no food sensitivities. My gut biome is supported every day.

☐ YES ☐ NO I suffer from brain fog, sugar cravings, or need caffeinated drinks during the day to stay alert.

☐ YES ☐ NO I’m getting enough sleep to feel rested and alert the next day with sufficient energy.

☐ YES ☐ NO I have tools and resources to manage my stress, anxiousness or overwhelm when they occur.

☐ YES ☐ NO I utilize supplements that help me relax, fall asleep and have a solid night’s sleep without waking up at night.

☐ YES ☐ NO I’m familiar with the most common home and environmental toxins and ways to reduce/replace them.

☐ YES ☐ NO I support my body’s natural detoxification process, drink enough electrolytes & high-quality collagen protein.

☐ YES ☐ NO I have other areas of concern, and would be open to formulate a wellness plan to support my health goals.

**PERMISSIONS:** With any of the above issues/conditions marked as a concern or condition, do I have your permission to address these issues with a holistic approach by incorporating supplements and/or essential oils? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial

By signing below, you acknowledge the above information is true, to the best of your knowledge, and the policies held for HHS appointments, and I agree to and acknowledge the **ASSUMPTION OF RISK, AND RELEASE AND WAIVER OF LIABILITY**.

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**Client Signature Signature Date**