



Consultation Form

Name: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) ____-____

May we occasionally contact you via: phone? yes no email? yes no mail? yes no

Female Male Birthday: ____/____/____ How did you hear about us? _____

Please check any of the following that apply to you in the last 2 years:

- Arthritis/tendinitis
- Blood clots
- Circulatory/heart problems
- High blood pressure
- Cancer
- Edema
- Auto-immune disease
- Stroke
- Diabetes
- Communicable diseases
- Other _____

Please describe _____

Are there any conditions that you would like to share in the confidentiality of your service provider? _____

Are you pregnant?_____ If so, how far along? _____

Please initial that you have read each statement:

___The Cedar Enzyme Bath is a high heat treatment and is not recommended for those who are pregnant, have high blood pressure or uncontrolled Diabetes.

___If I experience pain, discomfort or overheating during the session, I will immediately inform my therapist so that my comfort level can be adjusted.

___I affirm that I have notified my therapist of all known medical conditions and injuries.

___I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge.

___In the event that I become injured either directly or indirectly as a result , in whole or in part, I hereby hold the therapist and Osmosis harmless and indemnify , their principals, and agents from all claims and liability whatsoever.

___I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

___Massage, Cedar Enzyme Bath and Facials should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly.

Cedar Enzyme Bath Guest

Do you have high blood pressure or uncontrolled Diabetes? _____

Do you have any allergies to Cedar, Douglas Fir, Rice Bran or Lavender? _____

Massage Guest

Are you currently under a physicians care for an acute or chronic illness? _____

Are you currently taking any prescribed medication? _____

Please list any recent injuries or surgeries within the past 2 years _____

Are you allergic to any oils, lotions or essential oil scents? _____

Facial intake form will be filled out separately at the time of service

Client Signature:_____ Date:_____