**Thaitastik**

**1330 New Hampshire Ave NW  B2
Washington DC 20036**

Tel: 202-643-9001

Email: thaitastik@gmail.com

www.thaitastik.com

**Thaitastik Client Intake form**



Please make an “X” over areas of concern.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_                       Cell:(\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**Please circle your answer**

Sex Male   Female

Is this your first Thai massage? Yes No

Are you pregnant? Yes    No  If yes, how many weeks?\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have spinal problems or herniated discs?    Yes    No If yes Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent Surgeries? Yes No If yes Describe, Where on your body:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking pain medication?     Yes     No

Are you taking anti-inflammatory medication?    Yes No

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print name) understand that I experience any pain or discomfort during my session, I will immediately inform the practitioner. I also understand that the massage should not be considered a substitute for a medical or physical illness that I am experiencing. I also understand that certain contraindications exist for massage therapy and I will inform my massage practitioner immediately if any changes to my health profile occur. I agree that my massage practitioner will not be held liable for any negative effects if I fail to update my profile or provide complete information. Finally, I understand that any illicit or sexual suggestive remarks or advances will NOT be tolerated and will result in the immediate termination of the session with full payment.

Client’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_