tocarspa
The Essence of Touch

PLEASE READ & SIGN

Welcome to Tocar Spa. We're delighted you have chosen our massage therapy services. Tocar Spa only employs professional Massage Therapists. If requested, the clinic administrator will provide a proof of your therapist's license/ permit (where applicable). Additionally, if you have any questions, comments or complaints about your Massage Therapist, please bring it to the attention of the management immediately. Male and female genitalia and women's breasts will not be exposed or massaged at any time. Modest draping will be used during the session. If during the session you feel uncomfortable, simply ask your therapist to end the session.

It is your responsibility to inform the therapist of any pre-existing conditions, limitations or specific sensitivities and to inform your therapist if you feel any discomfort during the session. If you do experience discomfort, please ask the therapist to adjust the level of pressure or heat. You understand and voluntarily accept any risks of which you have been advised about associated with your massage, or from any use of Tocar Spa's facilities, and hereby release Tocar Spa (including its employees, practitioners, agents, and insurers) from all liability for any injury, including, without limitation, personal, bodily or mental injury, economic loss or any damage to you resulting there from . You further hereby release all of the foregoing personnel and entities from all liability arising from any such injury or damage resulting from your failure to disclose any pre-existing condition, limitation, or specific sensitivities, or your failure to inform your therapist of any discomfort during the session. Your therapist may determine that it is unsafe for you to proceed with or continue a therapeutic session due to health related concerns. In this event you may be required to provide Tocar Spa with a physician's medical release prior to continuing treatment.

The undersigned acknowledges that he / she has read this agreement.

Signature ______________________________ Date ______________

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CLIENT INTAKE FORM

name: ____________________ ☐ male ☐ female date: ____________

street address: ____________________ apt. #: ________ city: ____________

state: ____________ zip: ________ home: ____________ cell: ____________

email address: ______________________________ date of birth: ____________

emergency contact name: ____________________ phone: ____________

☐ Please check here if you DO NOT wish to receive e-mails regarding what's new, special offers or latest news.

1. Please check any of the conditions below that are currently applicable.

- ☐ allergies* (e.g., lanolin, latex, nuts, seaweed)
- ☐ arthritis
- ☐ asthma
- ☐ back/neck problem
- ☐ bruises/broken capillaries
- ☐ cancer*
- ☐ cold sores/herpes
- ☐ contagious condition/disease*
- ☐ claustrophobia
- ☐ diabetes
- ☐ epilepsy
- ☐ fever
- ☐ fibromyalgia
- ☐ fungal disease
- ☐ heart condition/pacemaker
- ☐ heat sensitivity
- ☐ high/low blood pressure
- ☐ metal pins/plates
- ☐ multiple sclerosis
- ☐ open wounds
- ☐ osteoporosis
- ☐ recent scar tissue
- ☐ rosacea / sensitive skin
- ☐ skin disorder
- ☐ stroke
- ☐ sunburn
- ☐ thrombosis
- ☐ thyroid problem
- ☐ varicose veins
- ☐ other*

* Please provide additional information:

2. Are you pregnant? ☐ Yes ☐ No

3. Are you currently experiencing any skin conditions? ☐ Yes ☐ No

4. Are you currently or have you within the past six months been prescribed medication? If yes, please list. ☐ Yes ☐ No

5. Have you experienced any of the following in the past three months: pain, numbness, swelling, tingling, fatigue, etc? If yes, please explain. ☐ Yes ☐ No

6. List daily activities that are inhibited by your current condition(s):

7. Are you comfortable with having therapeutic massage on the following areas: (check all that apply)

Gluteal Region	Abdomen	Pectoral Muscles	Feet	Face/Head
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Desired Pressure: ☐ Light ☐ Firm ☐ Deep