Date: _____ **CONFIDENTIAL INFORMATION** Add On: _____

Welcome to BioSpirit!
We want to make your appointment as pleasant and comfortable as possible.
If at any time you have questions regarding your visit, please let us know.

Name: _____ Phone #: _____ Cell #: _____

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

Email: _____Text Confirmations OK? ____ Cell Provider Name: _____

DOB: _____ Occupation: _____ Referred By: _____

How often do you get a massage? _____When was your last massage? _____

Are you taking medication? _____ Describe: _____

Are you pregnant? _____ If yes, what trimester? _____

How often do you visit Lake Tahoe? _____

Do you have history of the following?

- ☐ headaches
- ☐ seizures
- ☐ accident
- ☐ whiplash
- ☐ broken bone
- ☐ disc problems
- ☐ decreased range of motion
- ☐ joint pain
- ☐ mid back pain
- ☐ low back pain
- ☐ abdominal pain
- ☐ nervous tension
- ☐ sprains
- ☐ surgery
- ☐ high blood pressure
- ☐ stroke
- ☐ diabetes
- ☐ cancer
- ☐ colitis
- ☐ heart attack
- ☐ arthritis, gout
- ☐ varicose veins
- ☐ fibromyalgia
- ☐ breast implants
- ☐ HIV
- ☐ allergies to oil or perfumes
- ☐ allergies to nuts

Are you experiencing any of the following today?

- ☐ cold/flu
- ☐ headache
- ☐ severe pain
- ☐ sunburn
- ☐ bruises, open cuts
- ☐ burns
- ☐ irritated skin
- ☐ poison ivy/oak
- ☐ Athlete's Foot
- ☐ Toenail Fungus

Have you consumed alcohol in the past 24 hours? Yes☐ No☐
Do you have an infectious disease? ____ Describe: _____
Please indicate if there are any other problems you are experiencing today:

_____

Please read the following and sign below:
I understand that this massage is not a replacement for medical care and that no diagnosis will be made.

_____

Date Signature (Typing your name above will serve as your signature.)
Thank you and enjoy your experience!