



Gervais Day Spa & Salon
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Massage and Body Treatment Questionnaire

Customer Name: _____ Date: _____

Are you feeling tension or tightness in your body today? If so, please indicate where below:

- Lower back / hips, Legs/feet, Torso / mid back, Arms / hands, Head / neck, Shoulders / chest

Are you currently affected by any of the following conditions? (Check all that may apply)

- Arthritis, Carpal Tunnel Syndrome, Fever, Osteoporosis, Heart Condition, High Blood Pressure, Flu / Cold / Virus, Edema, Varicose Veins, Neck / Spine Injury, Sore Throat, Allergies, Sports Injury, Pregnancy, Diabetes, Phlebitis

Recent Surgery Please explain: _____

Medical Conditions: Please explain: _____

Do you have a difficult time lying on your back, front, or turning to your side? If yes, please explain: _____

Are you currently under the care of a health care professional for injuries or ongoing medical treatments? If yes, please explain: _____

Are you currently taking any medications or supplements? If yes, please list: _____

Female Guests: Are you pregnant? If yes, what week? Have you had any complications or have you been told you have a high-risk pregnancy? _____

Have you ever had a massage? _____ If yes, by whom? _____

What expectations do you have for your massage today? _____

If you have had a massage, what was your favorite part of your last massage? _____

If you are receiving a body treatment today, please answer the following questions:

Do you have any open wounds or lesions? _____ Are you claustrophobic? _____

Do you have any areas you would like me to avoid? _____ Do you have any skin medical conditions? _____

It is my choice to receive message therapy and/or spa therapy treatments. I understand that any information given is strictly confidential and will be used for no other purpose than to assist the massage therapist in providing a suitable treatment, which would take into consideration to my specific requirements. I also understand that failure on my part to disclose information could result in injury and/or illness and I hereby release the spa, Aveda corporation and its parent company from any claims resulting from such. Any information provided to me by the massage therapist is for general educational purposes only and not intended for any medical purpose.

Customer Signature: _____ Date: _____