

FasciaBlaster® Soft Tissue Therapy Intake Form / Personal History / Client Goals

Name: _____ Gender: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home/Cell Phone: _____ Work /Alternate Phone: _____
 Email Address: _____ Birth Date: _____
 Emergency Contact: _____ Phone: _____
 Occupation: _____
 How did you find out about TrioSpa? _____

PERSONAL HISTORY

Have you ever received a Fascia/Massage Therapy Session before? Yes No
 If so, when was your last session: _____
 Are you currently pregnant? Yes No Are you wearing contact lenses? Yes No
 You may not be a good candidate if any of these apply. (Please check all that apply)
 High blood pressure Cancer Using Anticoagulants Current Bruising
 Skin Irritation Varicose Veins Deep Vein Thrombosis (blood clots)
 Do you have any illnesses or injuries the Massage Therapist should be aware of? Yes No
 If so, please explain: _____
 Are you under the care of a Physician, Physical Therapist, Chiropractor, other? Yes No
 If so, please explain: _____

CLIENT GOALS

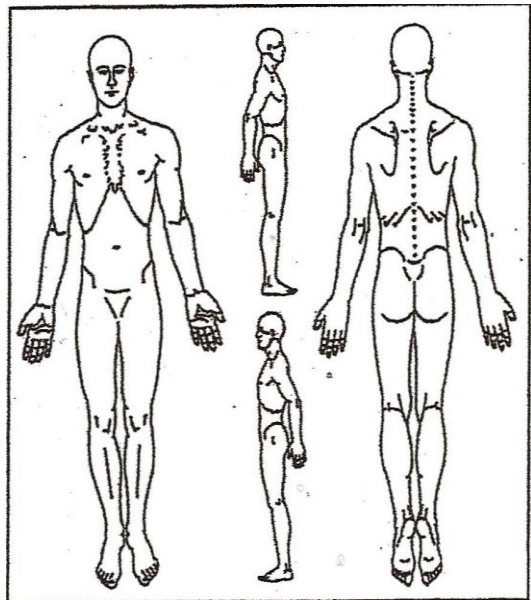
What are your goals for this **FasciaBlaster® Soft Tissue Therapy**
Session today and in the long term?

- Improved Mobility Cellulite Reduction General Health
 Injury Recovery Other Goals: _____
 Stress Reduction _____

List specific injuries you would like to address today:

Pressure Preference? Firm Medium Light
 Areas for the Massage Therapist to avoid? Yes No
 If so, please explain: _____

DIAGRAM: Please shade the area/s (up to 6) in which you
 would like your Therapist to focus the FasciaBlaster®.



FasciaBlaster® Soft Tissue Therapy Waiver & Policy Agreement

Please read the following Policies and Agreements carefully. The following information pertains to your FasciaBlaster® Soft Tissue Therapy session for today and all subsequent appointments. Please feel free to ask any questions. Once you understand this agreement completely, please sign and date at the bottom where indicated. This document will be included with your master file at TrioSpa.

1. The provided information, including any pertinent medical conditions, contained on my **Intake Form** is accurate to the best of my knowledge.
2. I will take full responsibility to inform my therapist if any pertinent changes have taken place in my health since my last session.
3. FasciaBlasting is not a substitute for medical diagnosis, examinations, treatments or prescriptions regarding illness, ailment or disease.
4. I understand I should consult a healthcare professional prior to beginning this type of therapy.
5. I understand I will likely have mild to medium bruising from FasciaBlasting.
6. I understand that I am always in **complete control of my body** during each session and will freely comment regarding my comfort and/or discomfort at any time.
7. I understand that I will be **safely covered with a sheet** (aka draping) at all times and only the body part being worked on will be exposed and then re-covered.
8. I agree to pay by cash, check or credit card at the time services are rendered. If my check has insufficient funds, I agree to pay a service fee of \$25. If any additional fines are incurred, with proof, I will cover those fees as well.
9. I understand that there is a **24-hour Notice of Cancellation** policy strictly enforced. Failure to do so will result in a fee 50% of the rate of the session scheduled. Any “no-show” of a given session will result in a fee of 100% of the total session scheduled.
10. If I am going to be late for an appointment, I understand that my session may end at the originally scheduled time and will make full payment for the session as scheduled.
11. I agree to have **good personal hygiene** for every session at TrioSpa.

Other important agreements:

- No strong scented perfumes or other scents and aromas
- You may not arrive under the influence of drugs or alcohol
- Cell phone must be silenced or turned off during session
- My email address may be added to the emailing list and I can opt-out at any time
- All information provided to TrioSpa will remain confidential
- ***Your Privacy Is Our Policy!***

The intent of a FasciaBlasting Session is therapeutic in nature and may be terminated at any time by either party. I accept all Policies and Agreements stated above.

Client Signature

Date

*TrioSpa - Massage, Facials & Waxing
(408) 985-1544 / www.TrioSpa.net*

Massage Therapist Signature

Date

FasciaBlaster® Soft Tissue Therapy Warnings & Contraindications

Always seek medical advice from your medical professional, or other trusted specialist, before beginning any beauty regime or exercise program.

- DO NOT USE the FasciaBlaster® line of products if you have a history of or may have blood clots also known as Deep Vein Thrombosis.
- DO NOT USE the FasciaBlaster® directly on varicose veins and discontinue use if you develop them during use of the FasciaBlaster(s)
- DO NOT USE the FasciaBlaster® if you have recently, are currently, or will be taking blood thinners.
- DO NOT USE the FasciaBlaster® on the carotid artery located on both sides of the neck.
- DO NOT DIG the FasciaBlaster® on the carotid artery located behind the neck muscles.
- If you are pregnant, DO NOT USE the FasciaBlaster® on the belly. Consult an OBGYN and decide with your provider if the FasciaBlaster(s) is right for you.
- WARNING: The FasciaBlaster® can cause a release of toxins, so USE AT YOUR OWN RISK. Please see some scientific findings relative to evidence known as well as unknown at www.AshleyBlackGuru.com/findings
- WARNING: The way internal toxins are released vary from person to person. As toxins are pulled out of the tissues, they may be released via such conditions as rashes, bumps,, redness, irritation, itching, nausea, emotional reactions, vomiting, hormone changes, increased sensitivity, headaches, acute inflammation, changes in menstruation cycle, reoccurrence of pre-existing condition, weight gain and other toxicity-associated symptoms.
- DO NOT USE the FasciaBlaster® if you are unwilling to bruise, as bruising is a part of the healing process after using the device. I acknowledge that I am responsible for the depth and pressure of the FasciaBlaster®.

I acknowledge that I am aware that the use of the FasciaBlaster® tools can re-establish blood flow and that veins and arteries may be more visible and some bruising may occur as part of this process.

Initial _____

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FasciaBlaster® Soft Tissue Therapy Client Referral Rewards

\$10 Credits for each "Realized" Referral*

To eliminate any duplicate referrals, we will ask the client who referred them to TrioSpa

Name _____

Phone/Email _____

Name _____

Phone/Email _____

Name _____

Phone/Email _____

Name _____

Phone/Email _____

Name _____

Phone/Email _____