

AromaRitual™ combines one of our Exclusive Aromatherapy Blends with a Signature Massage Service

Name	Date
------	------

HEALTH HISTORY

Please check all current / past conditions that apply:

<input type="checkbox"/> asthma	<input type="checkbox"/> high blood pressure	<input type="checkbox"/> epilepsy	<input type="checkbox"/> kidney or liver disease
<input type="checkbox"/> cardiac issues	<input type="checkbox"/> low blood pressure	<input type="checkbox"/> diabetes	<input type="checkbox"/> phototoxicity
<input type="checkbox"/> acute lung/respiratory issues	<input type="checkbox"/> active cancer (ask for an Oncology Intake form)	<input type="checkbox"/> bleeding disorders	<input type="checkbox"/> skin sensitivities
Have you had aromatherapy services before or used aromatherapy products before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain any issues you may have had with the service:			
Are you receiving homeopathic treatments? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe			
Are you pregnant or trying to become pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many weeks?:		Are you breast feeding? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many weeks post-partum?	
Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please describe:			
Our lotion products may contain nut oils. Are you allergic to nuts or nut products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the types of nuts:			
Are there any additional medical issues we should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Please list any conditions or side effects you have and/or medications you are taking associated with these conditions:			

IF YOU HAVE ANY OF THE ABOVE CONDITIONS, PLEASE PRESENT A PHYSICIAN'S WRITTEN CONSENT PERMITTING YOU TO RECEIVE AROMATHERAPY SERVICES. IF YOU HAVE AN ISSUE YOU DO NOT WISH TO STATE ON THIS FORM, PLEASE DISCUSS IT WITH YOUR THERAPIST. PLEASE REVIEW THE INGREDIENTS AND CONTRAINDICATIONS FOR YOUR CHOSEN SERVICE LISTED BELOW.

Energize/Citrus - Ingredients		Calm/Lavender - Ingredients		Refresh/Eucalyptus - Ingredients	
grape seed oil	geranium	grape seed oil	nutmeg	grape seed oil	lavandin grosso
lemon & orange	ginger	lavender	patchouli	eucalyptus	patchouli
lavandin grosso	vetiver	intermedia grosso	vitamin e	peppermint	vitamin e
patchouli	vitamin e	black pepper			
Contra indications		Contra indications		Contra indications	
Pregnant or breast feeding Have low blood pressure Have sensitive skin Diabetes Heart or liver disease Bleeding disorder		Kidney, liver or heart conditions Diabetes Seizure disorders Pregnant Low blood pressure Eating disorders		Pregnancy or breast feeding Circulatory issues or conditions Liver, kidney or heart conditions Diabetes Eating disorders	

TERMS & CONDITIONS

BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:

I have completed this Aromaritual consent Form to the best of my knowledge. I understand that massage sessions with aromatherapy or the AromaRitual Services do not take the place of a physician's care. Any information exchanged during a massage session is confidential and is only used to provide the best massage care. If I am having or develop any complications during a massage session with the AromaRitual Services, I will discuss them with my massage therapist. Additionally, I have read and understood the ingredient list and contraindications for my chosen service.

I hereby voluntarily release Operator dba Elements Massage™, Elements Therapeutic Massage, LLC, the franchisor of the Elements Massage™ franchise system, its and their affiliates and their respective shareholders, members, principals, owners, officers, directors, employees, agents, representatives, successors, and assigns from all claims, costs, demands, expenses, and causes of action should my condition be aggravated at any time. By signing below, I agree that I have read the information above and have decided to receive the AromaRitual™ service at my own risk.

Name of Studio Operator: WM Chandler Investments, LLC

Studio Address: 3431 W Frye Rd Suite 1, Chandler, AZ 85226

("Operator")

("Studio")

Signature	Print Name	Date	MT Initials
-----------	------------	------	-------------