



Name: .		Date:	Occupation:	
Address:		Phone:	Date of Birth:	
City:	State:	Zip Code:	Email:	
Emergency Contact Name:			Phone:	
How did you hear about us?:			Referral Name:	
<b>General Health</b>				
Rate your level of stress ( 5 = highest, 1 = lowest) 5 4 3 2 1				
Do you wear contact lenses? Yes No				
How many ounces of caffeine do you drink daily? _____				
Do you smoke? Yes No How many cigarettes per day?				
Please list any accidents / injuries, surgeries or hospitalizations in the last 9 months:				
Do you have any metal implants, a pacemaker or body piercings? If yes, please list:				
Are you currently under the care of the physician? If yes, please list:				
List the medications you are currently taking: _____				
<b>Health History- Circle any that apply</b>				
Allergies	Arthritis	Blood Clots	Broken/Fractured Bones	
Cancer	Chest Pain	Chronic Pain	Constipation	
Diabetes	Depression/Anxiety	Fatigue/Sleep Disorder	Frequent cold sores	
Gas/Bloating	Headaches/where? _____		Heart Condition	Hepatitis
Herpes/Shingles-where? _____		High Blood Pressure	Low Blood Pressure	
HIV/AIDS	Jaw Pain/TMJ	Lymph Edema	Numbness/Tingling	
Sinus problems	Sprains/Strains	Varicose Veins	Any active infection _____	
Other? Please Explain _____		N/A		

**Prenatal Massage**

Pregnant Y/ N How many weeks? \_\_\_\_\_ Have you had any of the following? Y/ N  
 Bleeding\_\_ Cramping\_\_ Amniotic fluid leaking\_\_ Swelling\_\_ High Blood Pressure\_\_ Headaches\_\_  
 Gestational Diabetes\_\_ Multiples\_\_ Rh or Genetic Issues\_\_ Chronic High Blood Pressure\_\_  
 Considered high risk? Y/N explain \_\_\_\_\_

**Massage Therapy**

Have you ever had a professional massage before? If yes, when?  
 What type of pressure do you prefer? Light Medium Deep (please circle)  
 What is your goal for your massage session? Relaxation Pain Relief Stress Reduction  
 Have you had any joint replacement or serious injuries or surgeries?  
 Please explain:

Areas of discomfort:

**Skin Care and Waxing Service-Circle any that apply**

Do you use: Accutane Retin A Renova Adapalene Other prescription skin products \_\_\_\_\_

Have you had a: Chemical Peel Microdermabrasion Botox Dermaplaning Injectables Laser treatments  
 Other resurfacing treatments:

Are you currently using products that contain: Glycolic Acid Lactic Acid Hydroxy Acid Vitamin A Benzyl Peroxide

Do you have any skin sensitivities, allergies or irritants? If yes, please explain \_\_\_\_\_

Do you have any allergies to: Iodine Shellfish Aspirin N/A

**Skin Maintenance-Circle any that apply**

Skin Type: Oily/Congested Dry/Dehydrated Sensitive Rosacea Acne Sunburned  
 Conditions: Eczema/ Where? \_\_\_\_\_ Psoriasis/ Where? \_\_\_\_\_ Claustrophobia  
 Products you use: Soap Cleanser Toner Serum Moisturizer SPF Masque Exfoliator

Have you been tanning in the last 24 hours? Yes No Do you have lash extensions? Yes No

What are your skin care goals?

**Spa Treatments & Massages**

By signing below: I am consenting to receive spa services. I certify that I have read and fully understand the contents of this consent form and the information I provided above is complete and accurate to my knowledge. I certify that it is my responsibility to inform the esthetician or massage therapist of my current medical or health conditions and to update this history.

I am consenting to the cancellation policy as follows: I will give 24 hrs advanced notice for any cancellations by phone, unless there is an emergency, in which case I will reschedule the appointment as soon as possible. If an appointment is missed or cancelled without giving 24 hrs notice, I agree to pay the missed appointment fee that applies. I also understand that if I am late for my scheduled appointment, the service time may be reduced and I will be charged the full amount of my original service.

I understand that any illicit or sexually suggestive behavior, remarks, or advances made by me will result in the immediate termination of the session and I will be liable for payment of the scheduled service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If client is under 18) Parental Consent Signature \_\_\_\_\_