SPA 98

INTAKE FORM

12273 Highway 98 West Miramar Beach. FL 32550

mName: Date:	Occupation:
Address: Phone:	Date of Birth:
City: State: Zip Code:	Email:
Emergency Contact Name:	Phone:
How did you hear about us?	Referral Name:

GENERAL HEALTH

1. Rate your stress (5 = highest, 1 = lowest): 5 4 3 2 1		
2. List your stress or other stress reduction activities:		
3. Do you wear contact lenses?	☐ Yes	☐ No
4. Do you smoke?	☐ Yes; how many cigarettes per day?	☐ No
5. Pease list any accidents or surgeries in the last 9 months:		
6. Do you have any metal implants, a pacemaker or body piercings?		
7. List current medications:		
8. **Do you have ANY allergies (aspirin, fragrance, essential oil, plants, etc)? Please list ALL allergies:**		

MASSAGE THERAPY	**GOAL FOR YOUR MASSAGE SESSION**
Have you ever had a professional massage before? If so, when?	☐ Relaxation
What type of pressure do you prefer?	☐ Pain Relief
Is there any area of your body you do not want massaged?	☐ Stress Reduction

HEALTH HISTORY

☐ Heart Condition	☐ Lymph Edema	☐ Herpes/Shingles	☐ High Blood Pressure	☐ Low Blood Pressure
☐ Numbness/Tinging	☐ Sinus Pressure	☐ Allergies	☐ Chronic Pain	☐ Varicose Veins
☐ Rashes	☐ Jaw Pain/TMJ	☐ Blood Clots	☐ Constipation	☐ Sprains/Strains
☐ Diabetes	☐ Gas/Bloating	☐ Headaches	☐ Arthritis	☐ Spasms/Cramps
☐ Broken/Fractured Bones	☐ Pregnancy (__ weeks)	☐ Fatigue/Sleep Disorder	☐ Depression/Anxiety	☐ Cancer
☐ Other (explain):				

SKIN CARE

1. Are you under the care of a dermatologist?	☐ Yes		☐ No		
2. Do you use:	☐ Accutane	☐ Retin A	☐ Renova	☐ Adapalene	☐ Other Prescription Skin Products

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3. Have you had a:	☐ Chemical Peel	☐ Microdermabrasion	☐ Botox	☐ Other resurfacing treatments
4. Are you currently using a products that contain: Glycolic Acid Lactic Acid Hydroxy Acid Vitamin A				

SKIN MAINTENANCE

Products you use:	☐ Soap	☐ Cleanser	☐ Toner	☐ Moisturizer	☐ Exfoliator	☐ Masque

Skin Type:	☐ Oily/Congested	☐ Dry/Dehydrated	☐ Sensitive/Redness	☐ Acne
	☐ Eczema	☐ Claustrophobia	☐ Psoriasis	☐ Sunburned

Have you been tanning in the last 24 hours? Yes No

What are your skin care goals?

Consent for Treatment

I herein by voluntarily consent to my skin treatment at this salon/spa and authorize such treatment/procedure (facial, chemical peel, diamond peel, microdermabrasion, eyelash and eyebrow service, waxing, and hair removal) as recommended by my technician. I have read this consent; I am aware of its content and fully understand the treatment I am receiving.

Signature _____

Print Name _____