



# INTAKE FORM

Name:		Date:	Occupation:	
Address:				
Phone:		Email:		
Emergency Contact and Phone:				
How did you hear about us?			Referral Name:	
Other Family Members:				
<b>HEALTH HISTORY</b>				
Are you under the care of a doctor? If so, for what?				
List any accidents or surgeries in the last year:				
Do you have a pacemaker, any implants, or any piercings?				
Rate your level of stress, with 5 being the highest:      1            2            3            4            5				
Do you wear contact lenses?		Do you smoke? How much?		
List current medications:				
List any allergies:			Are you pregnant or nursing?	
Please describe any medical conditions you have:				
<b>MASSAGE THERAPY</b>				
Have you had professional massages before? How often?				
What type of pressure do you prefer?				
What is your goal for your session? Relaxation? Pain relief? Stress reduction? Other?				
List any areas of your body you do not want massaged:				
<b>SKIN MAINTENANCE</b>				
Are you under the care of a dermatologist? For what?				
Have you been tanning in the last 24 hours?		Any sensitivities or irritants?		
What are your skin care goals and concerns?				
Are you currently using any products that contain:    Glycolic Acid    Lactic Acid    Hydroxy Acid    Vitamin A				
Do you use:      Accutane      Retin A      Renova      Adapalene      Other Prescription Skin Products				
Have you had:      Chemical Peel      Microdermabrasion      Botox      Other Resurfacing Treatments				
Products you use:      Soap      Cleanser      Toner      Moisturizer      Exfoliator      Masque				

Skin type and issues:	Oily/Congested	Dry/Dehydrated	Sensitive/Redness	Acne	Sunburn
	Excema	Sunburned	Psoriasis	Rosacea	

Have you ever had a reaction to a skincare product?

For men, describe your shaving method: wet/razor dry/shaver shaving irritation ingrown hair

It is my choice to receive spa therapies. I have completed this form to the best of my knowledge. I have stated all medical conditions of which I am aware, and will update Our Family Spa of any changes to my health status. I understand that estheticians, massage therapists and manicurists do not diagnose illness, disease or mental disorders, nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations. I acknowledge that these treatments are not a substitute for medical exam or diagnosis, and that it is advised I see a primary health care provider for that service.

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

If I miss a scheduled appointment without giving 24 hour notice I agree to pay for the appointment.

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Name

Date