



## Client Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Emergency Contact Name and Phone: \_\_\_\_\_

Facial

Massage

Both

## Your Health

Within the last year, have you had any health problems that have affected your health or your skin?  Yes  No

If yes, please specify: \_\_\_\_\_

List any medications or supplements that you take regularly: \_\_\_\_\_

Do you wear contact lenses?  Yes  No Do you have any metal implants, pacemakers, or body piercing?  Yes  No

Do you have any allergies? If yes, please specify: \_\_\_\_\_

Do you have any sinus problems?  Yes  No Have you ever experienced claustrophobia?  Yes  No

List any additional chronic health conditions/concerns: \_\_\_\_\_

## Your Skin

Skin Type: Normal Dry Oily Combination

What are your specific concerns/challenges with your skin? \_\_\_\_\_

What skincare products are you currently using? \_\_\_\_\_

Have you had chemical peels, microdermabrasion, or any resurfacing treatments within the last 3 months? \_\_\_\_\_

Have you been waxed within the last 72 hours or used any exfoliating scrubs? \_\_\_\_\_

Have you used Retin-A or prescription skin products within the last 3 months? \_\_\_\_\_

Are you currently using any products that contain the following ingredients: Glycolic, Lactic Acid, Vitamin A derivatives (i.e., Retinol)? \_\_\_\_\_

## Your Body

Height and Weight: \_\_\_\_\_

Have you had a professional massage before? If yes, list dates: \_\_\_\_\_

Please specify if any of the following apply to you: pregnant, trying to become pregnant, lactating, menstruating, pre-menstruating? \_\_\_\_\_

List any major accidents or surgeries, including dates. \_\_\_\_\_

List any specific concerns that you would like to address or discuss. \_\_\_\_\_

Lifestyle: Sedentary, Mild, Moderate, Varies (Circle One)

**It is my choice to receive a massage and/or facial. I am aware of the benefits and risks and give my consent. I understand that there is no implied or stated guarantee of success of the effectiveness of services. I confirm to the best of my knowledge that the answers that have been given are correct.**

**Signature:** \_\_\_\_\_