

Pre-Treatment Consultation Form

Luxurious Wellness with ESPA Products

Client Information

Full Name: _____ Date: _____

Date of Birth: _____ Phone: _____

Email: _____ Address: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Treatment Type(s) Desired Today (please check all that apply):

- Full Body Massage (Relaxation / Therapeutic / Deep Tissue)
- Facial Treatment (e.g., ESPA nourishing or balancing)
- Aromatherapy-Enhanced Massage or Facial (essential oils blended for your needs)
- Combination (Massage + Facial)

Preferred Pressure: Light Medium Firm/Deep

Specific Goals/Areas of Focus (e.g., stress relief, tension in shoulders, hydration for skin):

Oil/ Scent Preference (we use luxurious ESPA aromatherapy oils by default, but offer unscented options):

- Aromatherapy oils (custom-blended with ESPA essential oils)
- Plain grape seed oil (unscented / no essential oils – aligns with our no-scents option)

Health & Medical History

Please answer honestly—this helps ensure your treatment is safe and effective. All information is confidential. Tick any conditions that apply and provide details where needed.

Current or Past Medical Conditions (tick all that apply):

- High or low blood pressure
- Heart conditions / cardiovascular issues
- Diabetes
- Epilepsy / seizures
- Cancer / tumors (current or history)
- Autoimmune disorders (e.g., rheumatoid arthritis, lupus)
- Deep Vein Thrombosis (DVT) / blood clots
- Recent surgery (last 12 months)
- Recent injury / fracture / sprain
- Pregnancy (current) – how many weeks/months: _____
- Breastfeeding
- Skin conditions (e.g., eczema, psoriasis, rosacea, severe acne)
- Open wounds / cuts / bruising / recent burns
- Varicose veins
- Infections / fever / contagious illness (current)
- Chronic pain / inflammation conditions
- Osteoporosis or bone fragility
- Hemophilia / bleeding disorders
- Anxiety / severe stress (or other mental health conditions)
- Any other medical conditions not listed:

If any ticked above require modification (e.g., avoid certain areas), please detail:

Medications, Supplements, or Topical Treatments (list any currently used):

Allergies & Sensitivities (critical for safe use of ESPA products, essential oils, and carrier oils):

Do you have any known allergies or sensitivities to:

- Nuts or nut-derived oils? No Yes
- Essential oils, fragrances, or aromatherapy scents (e.g., lavender, citrus, rose, chamomile)? No Yes
- Common fragrance components (e.g., linalool, limonene, geraniol)? No Yes
- Other plants/herbs or natural ingredients? No Yes
- Latex, shellfish, pollen, preservatives, or other common allergens? No Yes

If yes to any, please list details/reactions:

Have you ever had an adverse reaction to skincare, massage oils, lotions, or spa products?

No Yes – please describe: _____

Any Other Relevant Information (e.g., claustrophobia, preference for no oils on face, music/light preferences, or anything for your comfort/safety):

Consent & Acknowledgment

I confirm that the information provided is accurate to the best of my knowledge. I understand that massage, facials, and aromatherapy are complementary therapies and not a substitute for medical treatment. I agree to inform the therapist of any changes in my health. Aetheria Lux may decline or modify treatment if contraindications are present for safety.

I consent to the use of ESPA products and/or essential oils (or plain grape seed oil if selected) during my session.

Signature: _____ Date: _____

With love & real relaxation,

Aetheria Lux

Nurturing your well-being, one gentle touch at a time.