Essentials Deluxe Day Spa Intake Form

Name: Jesus Rodriguez	Occupation:
Address: 9420 Leatherwood Ave	Date of Birth: 12/18/1978
City: Tampa State: Fl Zip Code: 33647	How did you hear about us? Internet
Email: Dancouver2009@yahoo.com	Cell Phone: 813-516-5288
Emergency Contact Name/ Number:	Cell Provider:

General Health

1. Rate your level of stress: (5 = highest, 1= lowest) 5 4 3 2 1 X
2. List your stress or other stress reduction activities:
3. Do you wear contact lenses? Yes No X
4. Do you smoke? Yes No X How many cigarettes per day?
5. Please list any accidents or surgeries in the last 9 months: None
6. Do you have any metal implants, a pacemaker or body piercings? None
7. List the medications you are currently taking: None

Massage Therapy	Goal For Your Massage Session
Have you ever had a professional massage before? If so, when? Yes , deep	Relaxation X
What type of pressure do you prefer? Deep	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/Tingling ☐ Sinus Problems ☐ 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 X
2. Do you use: Accutane ☐ Retin A ☐ Renova ☐ Adapalene ☐ Other prescription skin products ☐
3. Have you had a: Chemical Peel ☐ Microdermabrasion ☐ Botox ☐ Other resurfacing treatments ☐
4. Are you currently using any products that contain: Glycolic Acid ☐ Lactic Acid ☐ Hydroxy Acid ☐ Vitamin A ☐
5. Do you have any skin sensitivities, allergies or irritants?

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it superseded any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation from treatments received. The treatments I receive here are voluntary and I release this institution and individual therapist from any and all liability and assume full responsibility thereof. For minors under the age of 18, parent or guardian signature constitutes consent.

Client or Parent Signed: Jesus Rodriguez Date: 01/24/2022

Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.