BLISS
Est. 2005
SALON & SPA

DATE_____

The following questionnaire provides the information that will enable us to provide you services & treatments safely & effectively. All information is completely confidential, and vital for your protection as well as ours. Thank you for your cooperation.

First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Birthday: _____ Anniversary, if married: _____

Email: _____ Would you like to receive specials by email?_____

Occupation: _____ Referred By: _____

MEDICAL HISTORY:

Please list all medication you take Internally/Topically: _____

Do you have health problems? (Please check all that apply currently or in your past)

___ Allergies ___ Thyroid ___ Diabetes ___ High/low Blood Pressure

___ Cancer/Cancer Therapy ___ Headaches ___ Back/neck pain ___ Skin Conditions

___ HIV/Aids ___ Hepatitis ___ Pregnant/Lactating *NEED PRENATAL FORM*

___ Blood clots ___ Epilepsy ___ Metal Plates ___ Heart Problems/Pacemaker

Please explain any checked above: _____

Do you have any other Medical Conditions we need to be aware of? _____

Have you ever experienced an allergic reaction to any drug or other substance? (If yes, please explain): _____

SKIN CARE AND WAXING:

What skin care line are you using? _____ Do you wear makeup? _____ What brand? _____

Please explain how you take care of your skin daily/nightly: _____

Have you ever had an allergic reaction to a cosmetic product? (If yes, please explain):_____

Please circle the skin care products you are currently using at home:

Cleanser Vitamin C Toner Exfoliant/Scrubs Moisturizer SPF Mask

Are you currently under a dermatologists care? Yes / No If yes, are you currently taking / using and prescription acne medications?

Please circle if you are using or have used any of the following:

Benzoyl Peroxide (BP) Glycolic Acid (AHA) Lactic Acid (AHA) Resorcinol Salicylic Acid (BHA)

Sulfur Vitamin C Vitamin A Hydrocortisone (HC) Hydroquinone

What skin conditions do you want to improve? (Please circle all that apply)

Acne and/or Breakouts Rosacea Facial Scarring Uneven Tone Hyper pigmentation (Freckles, Age Spots)

Enlarged Pores Dehydration Uneven Texture Oily Sun Damage

Fine Lines and Wrinkles Other: _____

_____

MASSAGE:

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/ bodywork may be contraindicated. A referral from your primary care provider may be required prior to providing service.

Have you ever experienced a professional massage or bodywork session? _____ How recently? _____

If yes, what did you like about it? _____ What didn't you like? _____

Have you been in an accident, suffered any injuries or had any surgeries? (If yes, please explain):

_____

_____

Do you have tingling or numbness in a specific area? (If yes, please explain): _____

Areas to be avoided: _____ Reason: _____

Appropriate draping will be used at all times. At any point a guest is uncomfortable, they may request to stop the service.

I, the client, understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. In consideration of using the spa facilities and/or taking part in spa treatments/programs, I agree, to the fullest extent permitted by law, to forever release, indemnify, defend and hold harmless the spa, it's subsidiaries and affiliates, their respective agents, officers, directors, owners, contractors and employees (collectively the "Released Parties") from any and all claims and causes of action which I (or the below-mentioned minor) might otherwise have or be entitled to assert as a result of or related to any physical injury or otherwise, including without limitations to death pr property damage or loss sustained in connection with my use (or the below mentioned minor's use) of the spa facilities, or participation in any spa program or treatment, including, without limitation, claims and causes of action based on negligence, breach of warranty or breach of contract. I also agree to indemnify, defend, and hold harmless the Released Parties from any and all claims brought by the third parties arising out of any (or the below-mentioned minor's) acts, errors, or omissions.

Client Signature: _____ Date:_____

Consent to Treatment of Minor Under the Age of 18: By my signature below, I hereby authorize a Registered Licensed Massage Therapist to administer massage or bodywork therapy techniques to my child or dependent as they deem necessary. I authorize a Certified Esthetician to administer relaxing massage, facial or waxing services to my child or dependent as they deem necessary.

Guardian Signature: _____ Date:_____