

SpaSunsations' Confidential Intake Form



Name _____

Phone (____) _____ DOB _____

Address _____

City _____ State ____ Zip _____

Occupation _____

Email _____

Emergency Contact _____ Phone (____) _____

How did you hear about my practice?

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

Have you experienced a professional facial, massage or waxing?

Y/N How often? _____

What are your goals? _____

Please indicate all you experience and list medications. Please explain if necessary.

Y/N Allergies	Y/N Contagious diseases
Y/N Cancer	Y/N Diabetes
Y/N Headaches/Migraines	Y/N Stress
Y/N Arthritis	Y/N Cardiac/circulatory problems
Y/N High or low blood pressure	Y/N Broken bones in the past two years
Y/N Epilepsy or seizures	Y/N Surgeries in the past two years
Y/N Varicose veins	Y/N Do you bruise easily
Y/N Joint pain or swelling	Y/N Pregnant or Nursing

Other _____

Waxing Consent:

Have you used Retin-A, Accutane, Alpha Hydroxy Acid (AHA), glycolic products? Y/N If yes, date last used _____

-Are you using any other skin thinning products and/or drugs that thin the blood? _____

-Are you exposed to the sun/tanning beds or are you considering spending more time in the sun soon? _____

Please note that waxing can have certain side effects such as skin removal, redness, swelling, tenderness. I

have read the above information and have given an accurate account of questions and if I have any concerns, I will address these the Esthetician. I give permission to the Esthetician to perform the waxing procedure we have discussed and will hold her harmless from any liability that may result from this treatment. I understand that my Esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

Facial Consent:

Do you have any specific skin care concerns and/or allergies pertaining to your face or body?

What is your skincare regimen and products do you currently use? _____

Do you use acne medication? Y/N What kind? _____

Do you burn easily? Y/N Do you wear SPF? _____ Do you experience breakouts? Y/N

Are you currently having your menstrual period? _____ Are you taking oral contraceptives? _____

Have you ever had chemical peel, laser, microdermabrasion, or any skin resurfacing treatments? If yes, date and last treatment? _____

What are your skin care goals? _____

If I experience any pain or discomfort during the session, I will immediately inform the esthetician so that the products and/or technique may be adjusted to my level of comfort. I further understand that facial should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that estheticians are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, and that anything said in the course of the session should be construed as such. Because certain treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the esthetician updated as to any changes in my medical profile during the session and understand that there shall be no liability on the estheticians part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the Licensed Esthetician reserves the right to refuse to perform treatments on anyone whom he/she deems to have a condition for which facial treatments are contraindicated.

Massage Consent:

I understand the massage/bodywork I receive is provided for the purpose of relaxation and relief of muscle tension. If I experience any pain or discomfort during the session, I will immediately inform my therapist so that the pressure may be adjusted to my comfort level. I further understand that massage/bodywork should not be construed as a substitute for a medical examination, diagnosis, or treatment and that I should see a physician or other health professional. I affirm that I have stated all of my known medical conditions and have answered all questions honestly. I agree to keep my practitioner updated to any changes in my medical profile and understand that there will be no liability on the practitioner’s part should I forget to relay such information. It is also understood that any illicit or sexually suggestive remarks or advance by me, the client, will result in immediate termination of the session. I also agree to pay for each session at the time of the session unless other specific arrangements have been made. Appointment cancellations need to be made 24 hours prior to the appointment or half the fee will be charged.

By signing this release and consent form, I affirm that I have honestly disclosed all information pertinent to being treated by Spa Sensations and their employees and will inform of any updated information as things may change.

Name _____ Date _____

Signature _____

