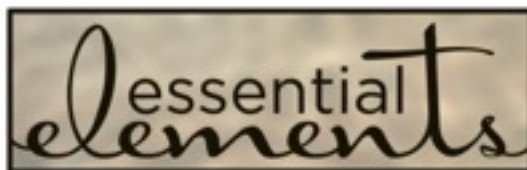


Client Information



Personal Information:

- Name _____
- Address _____ City/State/Zip _____
- Phone number (____) _____ Cell Phone Provider: _____
- Email _____
- Date of birth (mo/day/yr) ____ / ____ / ____
- Occupation _____ Gender: Male / Female
- In case of emergency: _____ Relation: _____ Phone: (____) _____
- Referred by _____
- How did you hear about us? _____

Health Information

- Within the last year, have you been under a dermatologist's or other physician's care? Y/N
(if yes, please specify) _____
- Have you recently had surgery? Y/N
- List medications you are currently taking _____
- List all known allergies _____
- How many 8 oz glasses of water do you drink daily? _____
- Do you smoke? Y/N
- Do you use tanning beds? Y/N
- Do you have any metal implants or pace maker? Y/N
- Do you wear dentures or contact lenses? Y/N
- Do you frequently suffer from stress? Y/N
- Do you have diabetes? Y/N
- Do you experience frequent headaches? If so, how often? _____ Y/N
- Do you suffer from arthritis? Y/N
- Do you have high blood pressure? Y/N
- Do you suffer from epilepsy or seizures? Please specify _____ Y/N
- Do you suffer from joint swelling? Y/N
- Do you have varicose veins? Y/N
- Do you have osteoporosis? Y/N
- Do you bruise easily? Y/N
- Any injuries in the past two years? Y/N
- Do you have cardiac or circulatory problems? Y/N
- Do you suffer from back pain? Y/N
- Do you have numbness or stabbing pains? Y/N
- Are you sensitive to touch or pressure in any area? Y/N
- Have you ever had surgery? Please specify _____
- Do you have tension or soreness in a specific area? Please specify _____

Client Information

Bodywork Information

- Have you ever experienced a professional massage or bodywork session? _____
- If so, how recent was your last massage? _____
- Do you have a therapist gender preference? _____
- What kind of pressure do you prefer: *light, medium or firm* _____
- What are your massage or bodywork goals? _____

Skin Information

- What are your concerns/challenges with your skin? _____
- Which best describes your skin type: *normal, dry, oily, acne prone, aging, sensitive, combo* _____
- What skin care products are you currently using? _____
- Have you ever had facials, chemical peels, or microdermabrasion treatments? Y/N
- Have you ever used a skin care product that irritated your skin? Y/N

- Do you burn easily in the sun? Y/N
- Are you prone to redness? Y/N
- Do you regularly wear sun protection on your face? Y/N

Waxing Information

- Have you had body or facial waxing done before? Y/N
- Are you using (or used in the past 3 months) Retin-A, Renova, Accutane, other medications that may have compromised your skin, or blood thinners? Y/N

Female Clients Only

- Are you pregnant or trying to become pregnant? Y/N
- Are you currently having or due for your period? Y/N

Comments/Concerns

I have reviewed my information and I confirm that to the best of my ability the answers I have provided are current and correct and I have not withheld any information that could apply to my treatment.

Sign Here: _____