



In order to provide you with the safest and most effective treatment, I request that you please complete the confidential client intake form.

Name: _____ Address: _____

Date: _____ City, State, Zip Code: _____

E-mail: _____

Phone number: _____

Date of Birth: _____ Age: _____

What skin care line are you currently using?

When was your last facial? _____

When was your last sunburn? _____

Do you use tanning beds? Yes No , If so, why? _____

Do you use environmental protection daily of at least SPF 30? Yes No

Do you suffer from any skin disorders? Please explain.

Have you ever had a reaction to an oil, cream, or product application? Yes No

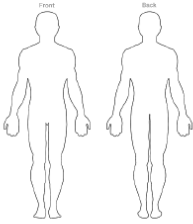
Are you currently under a doctor's care? Yes No

Why? _____

Are you pregnant, nursing, or trying? Yes No How many months? _____

List any prescribed medication. _____.

Please indicate with an (x) where you feel any discomfort.



Do you experience any of the following conditions below?

Arthritis ___ Asthma ___ Diabetes ___ Thyroid Conditions ___
Chronic fatigue ___ Athlete's Foot ___ Cold Sores ___ Psoriasis ___
Cancer ___ Varicose Veins ___ Eczema ___ High/Low Blood Pressure ___
Cold/Flu ___ Irritated Skin Rash ___ Severe Pain ___ Migraine Headaches ___

Have you ever had a reaction to an oil, cream, or product application? Yes No

Please explain: _____

Do you have any allergies? Food or seasonal? Yes No

Please explain: _____

Have you had any surgeries? Yes No

Please explain: _____ Date: _____

Are you on hormone therapy? Yes No _____

How many ounces of water do you drink daily? _____ OZ.

How would you rate your skin? Dry/Sensitive Normal/Oily Acne/Acne prone

Circle how you feel about the overall quality of your skin.

(Bad) 1 2 3 4 5 6 7 8 9 10 (Fantastic)

Do you suffer from any neck or shoulder injuries?

Any chronic virus, infections or traumatic accidents?

What are your goals/expectations for this therapy session?

PLEASE READ THE FOLLOWING AND SIGN BELOW

All of the information that I have provided is accurate health information.

I understand that this massage is not a replacement for medical care and that no diagnosis will be made.

I will immediately inform my therapist of any discomfort so application of pressure of strokes may be adjusted to my level of comfort.

The unclothed body will be properly draped at all times for your warmth, sense of security, and as a mark of professionalism.

The only types of massages that will be offered are Swedish, Hot Stone and Prenatal massages and does not include breast massage without written consent.

I understand that the massage is not sexually orientted in any way and that any illicit or suggestive remarks or behavior will result in immediate termination of the session and it is my responsibility to pay for this session in full if terminated.

Client signature

The information provided above is accurate. I hereby give consent for treatment, for my self of as a parent or guardian of a minor.

Signature Annalisa Wagner MT038286

Signature Ashlie Lesiuczok MT024098