



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

CONSENT FORM

Name _____ Date _____
Address _____ City _____ Zip _____
Phone (res.) _____ (work) _____ (mobile) _____
Occupation _____ How did you hear about us? _____
Email _____ DOB ____/____/____

Medical History

Please list any medications, herbals, and vitamins you are currently taking that can thin blood:

Do you have health problems? (Please check all that apply)

- ___ Acne ___ Epilepsy ___ Metal Implants
___ Arthritis ___ Heart Problems ___ Pregnant
___ Autoimmune Disease ___ Headaches ___ Pre / Post Menopause
___ Broken Bones ___ High Blood Pressure ___ Severe Varicosities
___ Bursitis ___ HIV / AIDS ___ Thrombosis
___ Cancer ___ Hormonal Problems ___ Thyroid
___ Diabetes ___ Low Blood Pressure ___ Other

List any allergies _____

Skin Care

Are you under the care of a dermatologist? ___ Yes ___ No
Do you wear sunscreen? ___ Yes ___ No
Are you prone to bruising? ___ Yes ___ No

Massage

Have you ever had a massage? ___ Yes ___ No
If yes, how long ago? _____ What did you like about it? _____
What didn't you like about it? _____
What areas of tension or pain do you have? _____
___ Leg pain ___ Lower back pain ___ Neck pain / tension ___ Shoulder tension

Facials and facelifts

Have you ever had a professional facial? ___ Yes ___ No What type? _____

Facelift? ___ Yes ___ No What type of treatment? _____

If yes, how long ago? _____ What did you like about it? _____

What didn't you like about it? _____

What expectation do you hope to accomplish today? _____

Body toning and contouring

Have you ever had a professional body toning, contouring, liposuction, tummy tuck, cellulite treatment, laser? ___ Yes ___ No What type of treatment? _____ If yes,

how long ago? _____ What did you like about it? _____

What didn't you like about it? _____

Would you like to be contacted for other services? ___ Yes ___ No If so, explain: _____

I have read the above consent form and hereby acknowledge the information presented here to be accurate and truthful to the best of my knowledge.

Client signature

Date

Parent or guardian if under 18 years old when signing

Date