Name: _____

Mailing Address: _____

_____

Phone: _____

Email: _____ ____Birthday: _____

The following information is needed to ensure your well being. All information will be kept as **confidential**. We may ask you to update this information at each treatment. Please indicate any current conditions and provide additional information as needed. The below conditions indicate how we may (or not) perform your service.

- o Allergies to latex
- o Arthritis
- o Asthma
- o Back/neck problems
- Cancer/ Date/kind/in treatment/OK by DR (therapist initial)
- o Circulatory problems
- o Covid 19 (recovered date _____)
- o Diabetes
- o Epilepsy
- o Heart conditions
- o High/low blood pressure
- o HIV
- o Kidney problems
- o Liver problems
- o Metal pins/plates/PM
- o Multiple sclerosis
- o Open wounds
- o Osteoporosis
- o Recent scar tissue
- o Recent surgery
- o Skin disorders
- o Sunburn
- o Thrombosis or clotting disorders
- o Thyroid problems
- o Varicose veins
- o Other:

1. Are you currently using, or have you in the last 6 months used Retinoids such as Retin-A, Renova, Avila, Differin, Dapsone, Accutane, Avage, Adapalene or Tazorac?
   _____
2. Are you currently taking any oral medications that may affect your skin or the outcome of this treatment? Please list. _____
3. Are you taking any blood thinners? _____
4. Do you have allergies? **Include food allergies** _____
5. Are you pregnant or trying to become pregnant? _____
6. Are you under the care of a **Dermatologist**? If so, please snap a photo of any prescribed RX from a dermatologist if you are receiving a skincare treatment and bring it with you please. **This is important.**

I confirm that to the best of my knowledge the answers I have given are correct and I have not withheld any relevant information pertaining to my massage and skincare treatments.

Print Name: _____ Signature: _____ Date: _____

updated 5/28/2021