Name: _____

Mailing Address: _____

_____

Phone: _____

Email: _____ Birthday: _____

The following information is needed to ensure your well being. **All information will be kept 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.**

- ○ Allergies to latex
- ○ Arthritis OA or RA (circle)
- ○ Asthma
- ○ Back/neck problems
- ○ Cancer Date_____ type_____ in treatment Y/N ___ DR Approved (therapist initial) ___
- ○ Circulatory problems
- ○ COVID 19 (recovered date _____)
- ○ Diabetes controlled
- ○ Epilepsy
- ○ Heart conditions
- ○ High/low blood pressure
- ○ HIV
- ○ Kidney problems
- ○ Liver problems
- ○ Metal pins/plates
- ○ Multiple sclerosis
- ○ Open wounds
- ○ Osteoporosis
- ○ Scar tissue
- ○ Recent surgery (within 6 months)
- ○ Skin disorders
- ○ Skin irritation
- ○ Thrombosis or clotting disorders
- ○ Thyroid problems
- ○ Varicose veins
- ○ Any medical devices now? Please list: _____
- ○ Other:_____

1. Are you currently using, or have you in the last 6 months used Retinoids such as Retin-A, Renova, Accutane, etc from a Dermatologist?
   _____
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.**
7. During treatment do you prefer little to no speaking during the service? **Y/N** _____

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 11 July 2022