Client Intake Form

GENERAL INFORMATION			
Name:	Today's Date:	Occupation:	
Address:	City:	State:	Zip:
Phone: Cell:	DOB (MM/DD/YY): Age:	Email:	
Emergency Contact Name:	Phone:	How did you hear about us?	
Preferred Method of Communication: Email ☐ Phone ☐	Name Of Person Who Referred You:		

GENERAL HEALTH

1. Rate your level of stress (1 = lowest, 5 = highest): 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
2. What physical activities do you enjoy?
3. Do you wear contact lenses? ☐ YES ☐ NO
4. Allergic to Aspirin? ☐ YES ☐ NO or Skin Sensitivities/General Allergies? ☐ YES ☐ NO Please be specific:
5. Do you smoke? ☐ YES ☐ NO If yes, how many cigarettes per day?
6. Please list any accidents or surgeries in the last 12 months:
   *(If you have had surgery within the past **12** months please complete our **Post Surgery Massage Consent Form**)*
7. Do you have: Metal Implants? ☐ YES ☐ NO A Pace Maker? ☐ YES ☐ NO Body Piercings? ☐ YES ☐ NO
8. List the Medication(s)/Supplement(s) you are currently taking:
9. Are you currently taking: ☐ Antibiotic ☐ Birth control ☐ Hormone Replacement ☐ Blood Thinners ☐ N/A

HEALTH HISTORY – Please check here if none apply ☐

☐ Arthritis	☐ Irregular digestion	☐ Herpes Simplex Virus	☐ MRSA	☐ Allergy to Iodine or Shellfish
☐ Circulatory Problems	☐ Hypertension	☐ Eye Infection/Disorder	☐ Chronic pain	☐ Osteoporosis
☐ Sleep Problems	☐ Varicose veins	☐ Heart Disease	☐ Epilepsy	☐ Serious Sun burn or exposure
☐ Diabetes	☐ Claustrophobia	☐ Eczema ☐ Psoriasis	☐ Sciatica	☐ Hyper/Hypo Thyroid
☐ Facial Warts	☐ Headaches	☐ Keloid/Hypertrophic Scars	☐ Sun Allergy	☐ Other:

10. **Have you ever been diagnosed with Cancer?** ☐ YES ☐ NO *(If YES, please complete our **Oncology Intake Form**)*
11. **Are you pregnant/nursing or trying to become pregnant?** ☐ YES ☐ NO If pregnant how many weeks? *If YES, complete our **Prenatal Intake Form**)*
12. Any other medical condition or concerns we need to know about?

MASSAGE THERAPY	GOAL FOR YOUR MASSAGE SESSION
13. Have you had a professional massage before? ☐ YES ☐ NO If YES, when? How Often?	☐ Relaxation ☐ Pain Relief ☐ Stress Reduction ☐ Headache ☐ Escape ☐ Health/Wellness ☐ Other
14. Pressure? ☐ Light ☐ Medium ☐ Firm ☐ Not Sure	
15. Is there any part of your body you would like to focus on today?	16. **Is there any area of your body you do not want massaged?**

SKIN CARE

17. Are you under the care of a dermatologist? ☐ YES ☐ NO
18. Do you use any of the following? ☐ Accutane ☐ Retin A ☐ Renova ☐ Adapalene ☐ Resorcinol ☐ Scrub or Peel ☐ N/A
    ☐ Other prescription skin products, please be specific:
19. Have you had any of the following? ☐ Chemical Peel ☐ Microderm ☐ Botox ☐ Dermal Filler ☐ Permanent Cosmetics ☐ N/A
    ☐ Other resurfacing treatments, please be specific: Any serious side effects? ☐ YES ☐ NO
20. Are you currently using any products that contain the following? ☐ Glycolic Acid ☐ Lactic Acid ☐ Hydroxy Acid ☐ Vitamin A ☐ Vitamin C ☐ N/A

SKIN MAINTENANCE	Products Used – List Brand and Frequency of Use
21. Skin Type: ☐ Oily/Congested ☐ Dry/Dehydrated ☐ Sensitive/Redness ☐ Acne ☐ Sunburned	☐ **Soap/Cleanser**-
22. Have you been tanning in the last 24 hours? ☐ YES ☐ NO	☐ **SPF**-
23. In the last week have you had: ☐ Waxing ☐ Electrolysis	☐ **Toner**-
24. What are your skin care goals?	☐ **Exfoliator**-
	☐ **Masque**-
	☐ **Moisturizer**-

Please turn over →

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It is my choice to receive spa treatments, including massage, skin care, hair removal or microdermabrasion. Because massage/bodywork, skin care and other spa treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, or answered all questions asked of me honestly. I will update Hand and Stone of any changes to my health status. I understand that Estheticians and Massage Therapists do not diagnose illness, disease, or physical or mental disorders, nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations or skeletal adjustments and that nothing said in the course of the session given should be construed as such. I acknowledge that these treatments are not a substitute for medical examination or diagnosis, and that it is recommended I see a primary health care provider for that service. If I experience any pain or discomfort during the session, I will **immediately** inform the Massage Therapist or Esthetician so that the service may be adjusted to my level of comfort or discontinued. I could experience varying degrees of redness, burning, peeling, itching, etc., especially in the initial stages of a skin care program. I further understand that I am paying for a treatment and not a result and that there will be no returns, refunds or exchanges.

If I am unable to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone, unless I have an emergency. In this case I will call ASAP to reschedule my appointment. If I miss a scheduled appointment without giving 24-hour notice, I agree to pay the missed appointment fee that applies. ***Initial Here:*** _____

I understand that any illicit or sexually suggestive behavior, remarks or advances made by me will result in the immediate termination of the session and I will be liable for payment of the scheduled service. Further, I understand that HAND & STONE MASSAGE AND FACIAL SPA reserves the right to refuse to administer services at their sole discretion. I have read and fully understand this form in its entirety. I hereby release the practitioners, Hand and Stone Massage and Facial Spa and their insurers, and their respective officers, directors, stockholders, successors, employees, franchisor and agents from all liability of any nature whatsoever, whether past, present, or future, for injury or damage which may occur to myself or my family as a result of my receiving massage, skin care (facials, peels), microdermabrasion or hair removal services.

I understand that I may disrobe to my comfort level. I acknowledge that it is my choice of a female or male massage therapist. I acknowledge receiving information about an "Attention button" feature (where applicable) attached to the massage table which when I activate, will provide immediate assistance from the front desk. ***Initial Here:*** _____

_____ _____

Client Signature Date

The information I have provided is accurate and true.

_____ _____

Client Signature Date

CONSENT TO TREATMENT OF MINOR: by my signature below, I authorize HAND & STONE MASSAGE AND FACIAL SPA to administer facial/massage techniques to my minor child or dependent as they deem necessary or proper.

SIGNATURE: _____ ***DATE:*** _____

MT Signature: _____ Date: _____

LE Signature: _____ Date: _____

Hand and Stone Massage and Facial Spas are independently owned and operated franchise locations.