Body & Beyond
Therapeutic Massage & Day Spa

Client Intake Form

Personal Information:

Name_____ Ph. Cell (___) _____ Ph. Home (___)_____

Address_____City/State/Zip_____

Email_____ Date of Birth_____ Occupation_____

Emergency Contact _____ Phone_____

How did you hear about Body & Beyond? _____

The following information will be used to help ensure your session(s) here at Body & Beyond are safe, enjoyable and effective. Please answer the questions to the best of your knowledge.

1. Date of Initial Visit: _____ Have you ever had any of the following professional services before?

Massage ***Facial*** ***Chemical Peel*** ***Body Treatment*** ***Waxing***

If yes, how often do you receive these services? _____

2. Do you have allergies to anything including latex, nuts, lotions, oils, sulfur, ointments or skin care products?

If yes, please explain: _____

3. Please describe any reactions you have received from previous treatments: _____

_____

4. **PLEASE CHECK ANY THAT APPLY TO YOU:**

( ) Contagious Skin Condition
( ) Open Sores or wounds
( ) Easy Bruising
( ) Recent Fracture or Injury
( ) Artificial Joint
( ) Sprains/Strains
( )Allergies/Sensitivities
( ) Heart Condition
( ) High/ Low Blood Pressure
( )Circulatory Disorder
( ) Recent Surgery

( ) Blood Clots
( ) Arthritis
( ) Rheumatoid Arthritis
( ) Osteoporosis
( ) Epilepsy
( ) Headaches/Migraines
( )Cancer
( ) Diabetes
( ) Decreased Sensation
( ) Nerve Damage
( ) Tingling/Numbness

( ) Back/Neck Problems
( )Fibromyalgia
( ) TMJ
( ) Carpal Tunnel Syndrome
( ) Tennis Elbow
( ) Fever Blisters/Cold Sores
( ) History of HPV
( ) Rosacea
( ) Sensitive Skin
( ) Asthma

Please explain any condition you have marked above: _____

_____

5. Are you currently taking any medications? *Yes* *No* If yes, please list:_____

_____

6. Do you have any metal implants or a pacemaker? *Yes* *No* If yes, please explain: _____

_____

7. Are you wearing ( ) contact lenses ( ) dentures ( ) a hearing aid?

8. Are you pregnant or lactating? *Yes* *No* If pregnant, how many months?_____

9. Are you currently under medical supervision? Yes No If yes, please explain:_____

_____

10. Have you been seen by a dermatologist? *Yes No* If yes, for what reason? _____

_____

11. Have you recently had any injectables (ie. Botox, Juvederm) chemical peels or Laser resurfacing?

If yes, when? _____

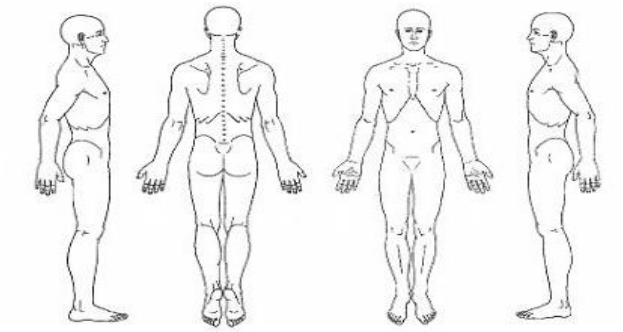
12. Are you currently taking/using Accutane, Retin-A, other topical vitamin A, hydroquinone, or any other acne medications or topical products? *Yes No* If yes, what and for how long? _____

_____

13. Are you using any facial products? ***Cleanser Toner Exfoliant Moisturizer Sunscreen Other***_____

14. Do you have any concerns and/or goals for your session(s) today?_____

_____



For Massage clients:

Please circle any specific areas you would like your massage therapist to focus on during your session.

Is there anything else about your health history that you think would be useful for your practitioner to know to plan a safe and effective experience for you today? _____

_____

FOR MASSAGE CLIENTS: Proper *draping will be used during your massage session-only the area being worked on will be uncovered. Please be sure to communicate with your therapist if you need less or more pressure, or if any part of the treatment becomes painful.*

FOR WAXING CLIENTS: *The use of Retin-A or any other topical vitamin A, Accutane or any other acne medication, any exfoliant or hydroxy-based product, glycolic acids or any medications such as cortisone, blood thinners, or diabetic medications is contraindicated for hair removal and may result in skin irritation, peeling and hyperpigmentation. If you have the herpes virus and do not obtain an antiviral medication prior to treatment of the area, the procedure may trigger an outbreak. Avoid sun, heat, and certain products as directed for at least 24-48 hours after waxing.*

Cancellation Policy*: We require 24 hrs. notice for any cancellation or reschedule. Appointments that are cancelled without 24 hrs. notice may be charged up to 50% of the appointment fee. No shows or cancellations with less than 1 hours' notice will be charged 100% of the appointment fee. Appointment times are specific for each client and service. If you arrive late your session may need to be shortened to accommodate other appointments that follow. We will try to allow for the full session time, however shortened appointments will still be charged the original fee.*

I confirm, to the best of my knowledge, that the information I have provided is accurate and complete. I have not withheld any information that may be relevant to my treatment and/or results thereof. I affirm that I have stated all my known medical questions and answered all questions honestly. By signing below, I agree that I will not hold Body & Beyond Day Spa or any of its employees responsible should there be any unfavorable outcome or result.

Clients under the age of 17 must be accompanied by a parent or responsible adult. Informed written consent must be provided by a parent or legal guardian for any client to receive any services.

Signature of client: _____ Date: _____

Signature of Therapist: _____ Date: _____