Client Information Sheet

Name _____ Today's Date _____

DOB _____ Age _____ Spouse's Name (if applicable) _____

Address _____

Phone (cell) _____ Phone (home) _____

May we contact you at these numbers if necessary? □ Yes □ No Occupation _____

Emergency Contact Name _____ Emergency Contact Phone _____

Email _____

Referral/Where did you hear about us? _____

Medical History

□ AIDS/HIV	□ Circulation Issues	□ Asthma	□ Allergies	□ Anxiety
□ Cancer	□ Fibromyalgia	□ Muscle Pain	□ Rod/Pin	□ Depression
□ Epilepsy	□ High Blood Pressure	□ Spasms	□ Fusions	□ Mental Illness
□ Seizures	□ Heart Problems	□ Joint Injury	□ Easy Bruising	□ Cold/Flu (current)
□ Headaches	□ PCOS	□ Whiplash	□ Hemophilia	□ Stroke
□ Migraines	□ Peri-Menopause	□ Varicose Veins	□ Hepatitis	□ Skin Conditions
□ Nursing	□ PMS	□ Diabetes	□ Trouble Sleeping	□ Digestive Issues
□ Phlebitis	□ Menopause	□ Tumors/Growths	□ Trouble Breathing	□ Bone Injury
□ Pregnant				

If Pregnant, Due Date _____

□ Recent Surgery? For What? _____

□ Spinal Problems? Herniated Discs? Give Details: _____

□ Do you smoke? _____ If yes, how long? _____ Cigarettes/day _____

□ Current Medications: _____

Are you currently under the care of a physician? □ Yes □ No If yes, why? _____

Physicians name & number: _____

Additional Information you would like to provide us: _____

_____

Massage Questions

Have you had a massage before? □ Yes □ No What type(s) of massage? _____

Condition(s) for type of massage needed: _____
(pain, stress, or relaxation?)

Are you being treated for a medical condition? □ Yes □ No If yes, condition: _____

If yes, by whom and how often? _____

Do you feel ill today? □ Yes □ No If yes, condition/complaint: _____

What type of massage pressure do you prefer (deep tissue, relaxing, soft strokes) _____

Have you ever been treated for a blood clot? □ Yes □ No If yes, when? _____

Skincare Questions

Have you had a facial, chemical peel, microdermabrasion, or any skin resurfacing treatment? □ Yes □ No

If yes, which one? _____ Date of last treatment? _____

What are your specific concerns/challenges/goals with your skin? _____

What skincare products do you currently use? _____

Do you have any skin care problems or allergies pertaining to your face or body? □ Yes □ No

If yes, describe: _____

Have you been waxed or had laser treatment within the last 72 hours? □ Yes □ No

Have you used Retin-A, Renova, Adapalene or any other prescription skin products within the last 3 months? □ Yes □ No

Are you currently under the care of a dermatologist? □ Yes □ No If yes, condition: _____

Are you currently using any products that contain the following ingredients?

□ Glycolic Acid □ Lactic Acid □ Hydroxy Acids (AHAs, BHAs) □ Vitamin A derivatives (i.e., Retinol)
□ Any type of exfoliating scrubs

Please specify if any of the following apply to you:

□ Pregnant □ Trying to become pregnant □ Lactating □ Menstruating □ Pre-Menstrual

Do you burn easily? □ Yes □ No Do you experience an oily shine during the day? □ Yes □ No
Do you wear SPF? □ Yes □ No Do you experience breakouts? □ Yes □ No
Are you taking oral contraceptives? □ Yes □ No

Client Signature: _____ **Date**: _____

Massage and Skincare Disclaimer

Tranquillo Vi Day Spa is not responsible for any complications or bad/poor experiences due to withholding of medical conditions or other information pertinent to your service. If I experience any pain or discomfort during the session, I will inform the practitioner so that the products and/or technique may be adjusted to my level of comfort. I also understand that the licensed practitioner reserves the right to refuse to perform treatments on anyone whom he/she deems to have a condition or specific symptoms for which facials, body treatments, massage/bodywork may be contraindicated (should not be done). A referral from your primary care provider may be required prior to services being provided.

Pertinent to massage: I understand that the body treatment, massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session(s) given should be construed as such. Because massage/bodywork is contraindicated under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.

Pertinent to Skincare: I understand that facials and body treatments should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that estheticians are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because certain treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.

I agree to keep the spa and practitioners updated as to any changes in my medical profile and I understand that there shall be no liability on the spa or practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session.

Client Signature: _____ **Date**: _____