body + sole
SPA THERAPIES

Personal Information

Please be thorough, as this information is needed to provide us with as much knowledge as possible so that we may give you the best results!

Full Name: ______________________________ Date of Birth: ____________________

Address: ____

Cell Phone & Provider (necessary to text): ______________________ Other Phone: ____________________

Email Address: ____

Would you like to receive occasional email updates? We send specials! ☐ Yes ☐ No Thanks

Occupation: ____________________ Emergency Contact: ______________________________

We'd love to know how you heard about us! ______________________________

About You

Please list all medications currently being used including prescriptions, over the counter and topical: ____________________
____

Please list any accidents & surgeries from the past year: ______________________________

Are you currently pregnant or nursing? How far along?: ______________________________

Do you have a history of any of the following conditions (please circle)?

Arthritis	Circulatory Problems	Diabetes	Glasses
Headaches/Migraines	High Blood Pressure	Irregular Digestion	Chronic Pain
Osteoporosis	Sciatica	Sleep Problems	Varicose Veins
Heart Disease	Swollen Glands	Allergies:	Other:

What is your general consumption of the following (please mark (L) none/light, (M) moderate, or (H) heavy):

Caffeine	Alcohol	Tobacco
☐ L ☐ M ☐ H	☐ L ☐ M ☐ H	☐ L ☐ M ☐ H
Sugar	**Spicy Foods**	**Water**
☐ L ☐ M ☐ H	☐ L ☐ M ☐ H	☐ L ☐ M ☐ H

Anything else you would like us to know?: ______________________________
____

Waxing

Have you ever received a professional waxing service? What area?: ____

Did you have any adverse reactions including ingrown hairs, swelling or bruising? If so, please explain: ______________

____

Please list any prescription medications you are using for acne or anti-aging, and the last time they were used (ie. Actuate, Renova, Retin A, salicylics or glycolics): ____

Please list any allergies or sensitivities, including fragrances: ____

Massage Therapy

Have you received massage therapy or other bodywork before? How often?: ____

Please list any recent surgeries: ____

Please list any implants you currently have: ____

What level of pressure do you prefer? ____

Please list any areas you would like your therapist to focus on today: ____

List any areas you would like your therapist to avoid: ____

Please list any allergies or sensitivities, including fragrances: ____

What are your goals for this massage session? (please circle):

Relaxation   Pain Relief   Stress Reduction   Other:

Skincare

What are your specific concerns and goals for your skincare session(s)?:____

What is your daily home care regimen?____

Please list all products you are currently using: ____

Please list any prescription medications you are using for acne or anti-aging, and the last time they were used (ie. Actuate, Renova, Retin A, salicylics or glycolics): ____

Have you ever had (please circle)   Microdermabrasion   Chemical Peel   Botox/Fillers   Other resurfacing treatments

Have you had any facial surgery? ☐ Yes ☐ No

Do you have a pacemaker or any metal pins in your body? ☐ Yes ☐ No

Are you under the care of a Dermatologist? ☐ Yes ☐ No

Do you have any known skin sensitivities or irritants? ____

I have completed this form to the best of my knowledge. I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension and spasm, general relaxation and improvement of circulation and energy flow. Massage Therapists and Estheticians do not diagnose illness, disease, physical or mental disorders, prescribe treatments of pharmaceuticals, or perform spinal manipulations. It is very clear to me that treatments received at Body + Sole are not a substitute for medical exam or diagnosis and that it is recommended that I see a physician for any aliments that I may have. I have stated all my known medical conditions and take it upon myself to keep the therapist updated on my physical heath.

If I am unable to keep an appointment, I agree to cancel the appointment by phone at least 24 hours in advance. For missed appointments and those canceled with less than 24 hours' notice, I understand that Body + Sole reserves the right to charge a fee equal to 100% of the value of the scheduled services.

Signature____   Date ____________________________________