

Tranquillo Vi Day Spa

Intake Form

Name: _____ Today's Date: ____ / ____ / ____

Address: _____ Emergency Contact Name: _____

Occupation: _____ Emergency Contact #: _____

Home Phone: _____ Spouse Name: _____

Cell Phone: _____ Anniversary Date: ____ / ____ / ____

E-mail: _____ AGE: _____ Date of Birth: ____ / ____ / ____

Referral / Where did you hear about us?: _____ Robe Size: _____ Shoe Size: _____

Referral / Where did you hear about us?: _____

Medical History:

<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bone Injury	<input type="checkbox"/> Rod/Pin/Fusions
<input type="checkbox"/> Cancer	<input type="checkbox"/> Circulation Problems	<input type="checkbox"/> Cold/Flu last 7-10 days	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Easy Bruising
<input type="checkbox"/> Epilepsy / Seizures	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Muscle Pain / Spasms	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Joint Injury	<input type="checkbox"/> Peri-menopause	<input type="checkbox"/> Menopause
<input type="checkbox"/> Nursing	<input type="checkbox"/> Swelling	<input type="checkbox"/> Pregnant/Due Date: _____	<input type="checkbox"/> Tumors / Growths	<input type="checkbox"/> Varicose Veins
<input type="checkbox"/> Phlebitis?	<input type="checkbox"/> Whiplash	<input type="checkbox"/> Skin Condition	<input type="checkbox"/> Stroke	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Depression / Anxiety	<input type="checkbox"/> PMS	<input type="checkbox"/> Trouble Sleeping	<input type="checkbox"/> Trouble Breathing	<input type="checkbox"/> Digestive Issues
<input type="checkbox"/> Recent Surgery? For what? _____				
<input type="checkbox"/> Spinal Problems? Herniated Discs? Give details: _____				
<input type="checkbox"/> Other: _____ Do you smoke?: _____ If Yes, How long / Cig per day: ____/yrs ____/day				

Allergies: _____

Massage Questions:

Massage History: How often have you had massage? _____ What type(s) of Massage: _____

Condition(s) for / Type of massage needed: _____

(What are you feeling that massage can help you with today? Pain or stress anywhere? Just relaxation? – specify details)

Are you being treated medically for any condition? **Y** or **N** If so, by whom and how often? _____

What type of pressure do you generally like; Deep Tissue? Relaxing / Soft Strokes? _____

Skincare Questions

Skincare History:

Have you ever had chemical peel, laser, microdermabrasion, or any skin resurfacing treatments? If so, which one and when was your last treatment? _____

What skincare products do you currently use? _____

Do you have any specific skin care problems / allergies pertaining to your face or body? _____

Do you use Retin A, Renova or Adapalene? If so, which one?: _____

Do you use acne medication? If so, what kind?: _____

Do you burn easily? Y or N

Do you experience an oily shine during the day? Y or N

Do you wear SPF? Y or N

Do you experience breakouts? Y or N

Are you currently having your menstrual period? Y or N

Are you taking oral contraceptives? Y or N

What are your skin care goals today and long-term? _____

Massage and Skincare disclaimer:

Tranquillo Vi Day Spa is not responsible for any complications or bad experience due to with holding 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 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.

Signature of client: _____