

The Retreat Client Intake Form

PERSONAL PROFILE

Name _____

Date of Birth _____

Street Address _____

Day Phone _____

City _____ State _____ Zip _____

Eve Phone _____

Occupation _____

Email _____

MEDICAL PROFILE

Are you currently under the care of a health care practitioner? Yes _____ No _____

If yes, please specify: _____

List current medications/vitamins/herbs: _____

Injuries/accidents/illnesses/surgeries still affecting you: _____

Please mark any of the following that you now have or have had:

Musculoskeletal

- Bone/Joint Disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Other: _____

Circulatory

- Heart Condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Lymphedema
- Thrombosis/Embolism
- Other: _____

Respiratory

- Asthma/Difficulty Breathing
- Emphysema
- Sinus Problems
- Allergies, specify _____
- Other: _____

Skin

- Allergies, specify _____
- Rash
- Athletes Foot
- Herpes/Cold Sores
- Eczema/Psoriasis
- Other: _____

Nervous System

- Shingles
- Numbness/tingling
- Pinched Nerve
- Other: _____

Reproductive

- Pregnant, # of weeks _____
- Ovarian/Menstrual Problems
- Prostate Problems
- Other: _____

Other

- Migraines/Headaches
- Anxiety/Depression
- Diabetes
- Chronic Pain/Fatigue
- Sleep Disorder
- Cancer/Tumors
- Contagious Diseases
- Contact Lenses
- Tobacco use

Additional Client Remarks/Comments: _____

MASSAGE PROFILE

Have you ever experienced professional massage or bodywork? Yes No How recently? _____

What are your massage or bodywork goals? _____

What kind of pressure do you prefer? Light Medium Firm

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, and/or treatment; and that I should see a qualified medical specialist for any ailment of which I am aware. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and answered all questions honestly and to the best of my knowledge. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

Client Signature _____ Date _____

SKINCARE PROFILE

Have you ever experienced a professional facial? Yes No How recently? _____

Have you ever waxed before? Yes No If yes, what areas? _____

Have you had any of the following procedures?

Chemical Peel Laser Resurfacing Microdermabrasion Removal of Melanoma Facial Plastic Surgery

Are you now using (or used in the past 6 months): Accutane Retin-A Tazarac Renova Differin
 Azelex Alpha-Hydroxy Acid Glycolic Acid Salicylic Acid Lactic Acid

Do you sun tan or use tanning beds? Yes No *Do not expose skin to sun, natural or artificial for at least 48 hours after waxing, chemical peels, and/or microdermabrasion.

My signature below certifies that I have answered the above questions honestly and to the best of my knowledge. I understand that the services offered are not a substitute for medical care and any information provided by the practitioner is for educational purposes only and not diagnostically prescriptive in nature. I understand that waxing may result in certain side effects, such as skin removal/tearing, scabbing, scarring, redness, bruising, swelling, tenderness, hyperpigmentation, or pimples. I also understand that if I expose myself to the products, services, or items listed above and do not inform my practitioner, I am accepting full responsibility for my skin's reaction and relieve the practitioner of any liability as a result. Therefore, it is solely my responsibility to inform my practitioner of any changes since my last visit.

Client Signature _____ Date _____