

The Retreat Client Intake Form

PERSONAL PROFILE

Name _____ Date of Birth _____
Street Address _____ Cell Phone _____
City _____ State _____ Zip _____ Alternate Phone _____
Occupation _____ Email _____
How did you hear about us? _____
How would you like to be addressed? Ms/Miss/Ma'am ___ Sir/Mister ___ Other: _____

MEDICAL PROFILE

**Please Specify Ex: Doctor, they/them*

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
___ Cancer/Tumors
___ Contagious Diseases
___ Contact Lenses
___ Tobacco use

Additional Client Remarks/Comments:

***Please read and sign signature page on back.**

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 therapist 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 _____

***Please note cancelling an appointment without adequate notice (12 hours or more), or failure to show for an appointment will result in a 30% administrative fee.**