

**Massage/Skincare Intake Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Have you ever received a massage?  
 Yes     No

Have you ever received a facial?  
 Yes     No

Type of massage preferred:  
 deep     medium     light pressure

Are you pregnant?  
 Yes (# \_\_\_ months)     No

What is the primary reason for your reservation? \_\_\_\_\_

Are you taking medication/topical(s)? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Are you taking any vitamins/ supplements regularly? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Do you follow a skin care home regimen (facial guests only)? \_\_\_\_\_  
 If yes, please describe: \_\_\_\_\_

Daily water intake: \_\_\_\_\_ Daily cigarette/ alcohol intake: \_\_\_\_\_

Do you participate in any sports or an exercise program? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Please list any medical conditions that we should be aware of: \_\_\_\_\_

Please list any recent illnesses or injuries we should be aware of: \_\_\_\_\_

Do you have any allergies, or have had an allergic reaction to certain products? \_\_\_\_\_  
 If yes, please describe: \_\_\_\_\_

On the day of your visit, is it possible any of the following symptoms may be present:  
 Sunburn     Inflammation     Severe pain     Headache  
 Irritated skin/rash     Poison ivy     Cold/flu     Open cuts/bruises/burns

*I understand this spa treatment is not a replacement for medical care and no diagnosis will be made. Please notify Spa Professional of any changes in the above information during future visits. Parent/Guardian must sign and give consent for guests 17 and under.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_