

**Client Information Form** (All information is confidential and will not be shared with or sold to other companies)

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Email \_\_\_\_\_ Referred By \_\_\_\_\_

Any current or past health conditions? (please check all that apply)

High Blood Pressure     Thyroid Conditions     HIV/AIDS     Arthritis     Diabetes     Back Problems  
 Menstrual Problems     Blood Disorders     Fibromyalgia     Asthma     Polio     Epilepsy/Seizures  
 Digestion Problems     Heart Conditions     Varicose Veins     Headaches     Phlebitis     PREGNANT

Do you have any other medical concerns or injuries that may be pertinent to your treatment? \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

**Skin Services**

Are you taking or have you taken:  Accutane     Retin A     Renova     Alphahydroxy acids     Birth Control Pills  
 Have you ever received a waxing service? \_\_\_\_\_ Did you experience any complications? \_\_\_\_\_  
 What products do you use at home to cleanse \_\_\_\_\_, tone \_\_\_\_\_ and moisturize \_\_\_\_\_ your skin.  
 Are you using any at home special treatments? \_\_\_\_\_  
 Have you undergone treatments from a dermatologist? Please explain. \_\_\_\_\_  
 Have you ever had a reaction to a cosmetic product? \_\_\_\_\_  
 What improvements would you like to see in your skin? \_\_\_\_\_  
 I understand that redness, irritation, etc. may occur with waxing, manual and chemical peels, and other skincare treatments.

**Massage Services**

Have you had a massage before? \_\_\_\_\_ Please list types received. \_\_\_\_\_  
 What type of pressure do you prefer for massages?  Light     Medium     Deep     No preference  
 Do you have any ticklish areas or areas of immediate concern? \_\_\_\_\_

**Please take a moment to read and initial the following information regarding massage:**

- If I experience pain or discomfort during the session, I will immediately inform my therapist.
- I affirm that I have notified my therapist of all known conditions, injuries or pregnancy.
- I understand that massage is entirely therapeutic and non-sexual in nature.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present and future relating to massage therapy and bodywork.

By signing this form, I \_\_\_\_\_, consent to receive massage therapy and/or spa treatments at Invigo Day Spa including, but not limited to, Massage Therapy, Body Scrubs, Wraps & Polishes, Facial Treatments & Peels and Nail Services. Unless otherwise instructed by me, I understand that a full body massage session includes the back, legs, arms, hands, feet, neck, head, face, and upper shoulder/ pectoral areas. Abdominal and gluteal/ hip work will only be done at my request. I understand that massage and bodywork therapy is a compliment to and not a substitute for medical care. I will keep Invigo Day Spa informed of all changes in my health, medications, and overall wellness. If I need to cancel a reservation or reschedule one, I understand that Invigo Day Spa requires 24 hours notice for individual services and packages. Appointments cancelled or rescheduled in less than the required time will be billed 100%. Late arrivals will result in a shortened appointment.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Signature if under 18 \_\_\_\_\_