



# Flowering Almond Spa®

## Client Information

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

In case of emergency: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## General and Medical Information

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Yes  No Have you ever experienced a professional massage or bodywork session? How recently? \_\_\_\_\_

Yes  No Are you currently being treated by a physician? If yes, for what condition? \_\_\_\_\_

If you answer "yes" to any of the following questions, please explain as clearly as possible.

Yes  No Do you have any allergies? \_\_\_\_\_

Yes  No Are you pregnant? How many weeks \_\_\_\_\_?

Yes  No Are you Nursing?

Yes  No Do you have diabetes?

Yes  No If "yes" to previous question, are you taking medication? \_\_\_\_\_

Yes  No Do you have high/low blood pressure?

Yes  No If "yes" to previous question, are you taking medication? \_\_\_\_\_

Yes  No Do you have cardiac or circulatory problems? \_\_\_\_\_

Yes  No Do you have a pacemaker?

Yes  No Do you suffer from epilepsy or seizures?

Yes  No Have you had a recent surgery? \_\_\_\_\_

Yes  No Do you have any contagious diseases? If yes, what? \_\_\_\_\_

Yes  No Do you suffer from arthritis/bursitis? Where? \_\_\_\_\_

Yes  No Do you suffer from joint swelling? Where? \_\_\_\_\_

Yes  No Do you have osteoporosis?

Yes  No Do you have eczema/psoriasis/skin diseases? \_\_\_\_\_

Yes  No Do you have varicose veins?

Yes  No Do you suffer from asthma?

Yes  No Do you experience frequent headaches/migraines?

Yes  No Do you frequently suffer from stress?

Yes  No Do you bruise easily?

Yes  No Are you wearing a hearing aid?

Yes  No Are you wearing dentures?

Yes  No Are you wearing contact lenses?

Yes  No Have you been in an accident or suffered any injuries in the past two years? \_\_\_\_\_

Yes  No Do you have tension or soreness in a specific area? Where? \_\_\_\_\_

Yes  No Do you have any other medical condition, or are you taking any medications I should know about? \_\_\_\_\_

## Facial

Yes  No Have you had a professional facial before? When? \_\_\_\_\_

Yes  No Do you have any sensitivities to any specific products? \_\_\_\_\_

Yes  No What are your Primary skin concerns? \_\_\_\_\_

Yes  No Are you currently using any topical medications? (Such as: Retinol, Retin A) \_\_\_\_\_

Yes  No Have you had microdermabrasion/medical peel/face waxing? \_\_\_\_\_

Yes  No Do you blush, sunburn or turn red easily?

Yes  No Do you have any dental implants, mineral crowns, or Dentures?

## Nails

Yes  No Have you ever had a professional manicure or pedicure?

Yes  No Do you get your nails done regularly? \_\_\_\_\_

Yes  No Do you have foot or nail fungus? \_\_\_\_\_

Yes  No If yes to previous question, are you taking medication? \_\_\_\_\_

In consideration of the use of the pool and spa facilities at the Flowering Almond Spa, I hereby assume all risks and hold harmless, release, indemnify and defend the Flowering Almond Spa and The Founders Inn and Spa staff, management and representatives from any liability, claims, demands, actions and causes of action whatsoever, which may be associated with or result from my involvement in any activity or treatment obtained. I understand that the spa treatments I receive are provided for the basic purpose of relaxation and relief of stress and muscular tension and self care. If I experience any pain or discomfort during my session(s), I will immediately inform the practitioner so that the treatment may be adjusted to my level of comfort. I further understand that massage, bodywork and other spa services 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 of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because spa 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 Flowering Almond Spa updated as to any changes in my medical profile.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Treatment of Minor:** By my signature below, I hereby authorize The Flowering Almond Spa to administer massage, bodywork, or somatic therapy techniques to my child or dependent (under 18) as they deem necessary. I understand that I must be in the treatment room for the duration of the service (s.)

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

