

Client Consultation Form

Client Name:

Date:

General Health

1. How would you describe your stress level? Low Medium High Very High
2. Do you smoke/drink? Yes No How often?
3. Do you wear contact lenses or glasses? Yes No
4. Do you exercise regularly? Yes No How often?
5. Do you have any metal implants, a pacemaker, or body piercings?
6. For women: Are you pregnant? Yes No If yes, how many weeks?
7. List any major injuries, accidents or surgeries:
8. List any medications you are currently taking:

Brief Health History (check all that apply)

- Heart Condition Lymphedema Herpes Shingles High/Low Blood Pressure
- Numbness/Tingling Sinus Problems Allergies to fragrances or lotions
- Allergies in general Chronic Pain Sprains/Strains Diabetes Gas/Bloating
- Headaches Arthritis Osteoporosis Varicose Veins Rashes TMJ Blood Clots
- Poor Circulation Thyroid Dysfunction Spasms/Cramps Broken/Fractured Bones
- Fatigue/Sleep Disorder Depression/Anxiety Cancer Seizures/Epilepsy Sciatica
- Bruise Easily Fibromyalgia Asthma Disk Problems Scoliosis Stroke
- Infectious Disease Flu/Cold symptoms in last 48 hours Parkinson's disease
- Other (explain):

Massage Therapy

1. Have you had a professional massage before? Yes No How often?
2. Reasons for massage therapy: Relaxation Pain Relief Stress Reduction
3. Type of pressure do you prefer? Light Moderate Deep

Skin Care

1. Are you currently under the care of a dermatologist? Yes No
2. Have you used: Accutane Retin-A Renova Adapalene Hydroxyl Acid
3. Have you had: Chemical Peels Microdermabrasion Botox/Fillers Laser
4. Do you have any skin sensitivities or irritants? Yes No If yes, please explain.
5. Please list your skin concerns:
6. Your skin type: Dry/Dehydrated Sensitive/Redness Acne Menopausal
7. Have you been diagnosed with: Eczema Psoriasis Vitiligo or any other skin condition?

Client Signature:

Consent to Treatment of Minor: by signature below I hereby authorize Essentials Massage & Facials Spa and its Practitioner to administer bodywork to my child as they deem necessary.

Name and Signature of Parent or Guardian:

Practitioner(s) Signature(s):