

# INDULGE SPA

## INFORMED CONSENT & INTAKE FORM

Name:			Occupation:	
Address:			Today's Date:	
City:	State:	Zip Code:	Date of Birth:	
Emergency Contact Name:			Phone:	
Emergency Contact Phone:			Email:	
How did you hear about us:			Referral Name:	
<b>GENERAL HEALTH</b>				
1. Rate your level of stress: (5=highest, 1=lowest)    5   4   3   2   1				
2. List your activities which increase stress:				
3. List your activities which decrease stress:				
4. Do you wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No    How many cigarettes per day?				
6. Please list any accidents or surgeries in the last 9 months:				
7. Do you have any metal implants, a pacemaker, or body piercings?				
8. List any medications you are currently taking:				
<b>MASSAGE THERAPY</b>			<b>GOAL FOR YOUR MASSAGE SESSION</b>	
Have you ever had a professional massage before? If so, when?			<input type="checkbox"/> Relaxation	
What type of pressure do you prefer?			<input type="checkbox"/> Pain relief	
Is there any area of your body you do NOT want massaged?			<input type="checkbox"/> Stress reduction	
<b>HEALTH HISTORY</b>				
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Lymph Edema	<input type="checkbox"/> Herpes/Shingles	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Sinus Problems
<input type="checkbox"/> Numbness/Tingling	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Allergies	<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Varicose Veins
<input type="checkbox"/> Rashes	<input type="checkbox"/> Jaw Pain/TMJ	<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Sprains/Strains	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Gas/Bloating	<input type="checkbox"/> Headaches	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Spasms/Cramps	<input type="checkbox"/> Broken/Fractured Bones
<input type="checkbox"/> Pregnancy ( ___ weeks)	<input type="checkbox"/> Fatigue/Sleep Disorder	<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Cancer/Type _____
<input type="checkbox"/> Other (explain):				

If I am unable to keep my appointment, I will notify Indulge Spa immediately. Indulge Spa requires advance notice for appointment changes/cancellations – 24 hours for single appointments, and 48 hours for groups, packages, and off-site appointments. Unless a call is received before the required time, 50% of the service price will be charged as a cancellation fee. In the event of a no show, a 100% fee will be charged. A service charge will be posted to the card number noted at the time the service was reserved.

If I experience pain or discomfort during my service, I will immediately communicate that with my therapist so that my service can be adjusted. I understand that any spa services do not replace primary medical care. I will continue to work concurrently with my primary care provider for any condition I may have.

During the course of services, I agree to update my therapist with any changes in my health status.

I understand that aestheticians, massage therapists, and manicurists do not diagnose illness, disease, nor physical or mental disorders, nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations. I acknowledge that spa services are not a substitute for medical examination or diagnosis, and that it is recommended I see a primary health care provide.

It is my informed choice to receive spa services. I have completed this form to the best of my knowledge. I have stated all medical conditions which I am aware of, and I will update Indulge Spa of any changes to my health status. I understand that any illicit or sexually suggestive behavior, remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled service.

Signed \_\_\_\_\_ Date \_\_\_\_\_