

Name:		Date:	Date of Birth:	
Address:			Email:	
City:	State:	Zip:	Phone:	
Emergency Contact (name & phone):				
How did you hear about us?			Referral Name:	
GENERAL HEALTH (*Please answer all areas to the best of your ability)				
Rate your level of stress: (5=highest, 1=lowest) 5 4 3 2 1				
Do you wear contact lenses? (circle) Yes No				
Please list any allergies you may have:				
Please list any medications that you are currently taking:				
HEALTH HISTORY (*Please check all that currently apply)				
<input type="checkbox"/> Heart Condition <input type="checkbox"/> Lymph Edema <input type="checkbox"/> Herpes/Shingles <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Arthritis <input type="checkbox"/> Numbness/Tingling <input type="checkbox"/> Sinus Problems <input type="checkbox"/> Allergies <input type="checkbox"/> Varicose Veins <input type="checkbox"/> Cancer <input type="checkbox"/> Rashes <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Constipation <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Jaw Pain/TMJ <input type="checkbox"/> Blood Clots <input type="checkbox"/> Diabetes <input type="checkbox"/> Gas/Bloating <input type="checkbox"/> Headaches <input type="checkbox"/> Spasms/Cramps <input type="checkbox"/> Broken/Fractured Bones <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> Pregnancy (___weeks) <input type="checkbox"/> Fatigue/Sleep Disorder <input type="checkbox"/> Other (explain):_____				
MASSAGE THERAPY				
Have you ever had a professional massage before? If so, when?				
What type of pressure do you prefer?				
Is there any area of your body you do not want massaged?				
Goal for massage session: (circle) Relaxation Pain Relief Stress Reduction				
SKIN CARE - WAXING				
Are you under the care of a dermatologist? (circle) Yes No				
Do you use: <input type="checkbox"/> Accutane <input type="checkbox"/> Retin A <input type="checkbox"/> Adapalene <input type="checkbox"/> Other prescription skin products				
Have you had: <input type="checkbox"/> Chemical Peel <input type="checkbox"/> Microdermabrasion <input type="checkbox"/> Botox <input type="checkbox"/> Other resurfacing treatments; Date of last Facial:_____				
Are you currently using any products that contain: <input type="checkbox"/> Glycolic Acid <input type="checkbox"/> Lactic Acid <input type="checkbox"/> Hydroxy Acid <input type="checkbox"/> Vitamin A				
Do you have skin sensitivities or irritants?				

I, the client, of BRIGHTWATER The Spa at Skin Care Institute, understand that it is my choice to receive a service at this facility. I also understand and agree to assume the following risks and hazards which may occur in connection with any particular treatment including but not limited to: unsatisfactory results, soreness, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, change in skin pigmentation, allergic reaction, muscle damage, and increased hair growth. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance. Given the above, I understand that response to treatment varies on an individual basis and that specific results are not guaranteed. Therefore, in consideration for any treatment received at BRIGHTWATER The Spa at Skin Care Institute, I agree to unconditionally defend, hold harmless and release from any and all liability the company and the individual that provided my treatment, the insured, and any additional insureds, as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive. I have fully disclosed on my client intake form any medications, previous complications, or current conditions that may affect my treatment. I understand and agree that any legal action of any kind related to any treatment I receive will be limited to binding arbitration using a single arbitrator agreed to by both parties. The client indicated below also agrees to forever hold harmless and release from any and all liability, claims, or demands of any kind or nature related to the transmission of any disease, condition or illness they may allege to have contracted or been exposed to as the result of any treatment, person, or visit at the BRIGHTWATER The Spa at Skin Care Institute.

Client Name (printed): _____ Date: _____

Client Signature: _____ Date: _____