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| Name: | Date: | Date of Birth: |
| Phone: | Email: | |
| Address: | | |
| Emergency Contact (<i>name & phone</i>): | | |
| 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: (<i>5=highest, 1=lowest</i>) | 5 4 3 2 1 | |
| Do you wear contact lenses? (<i>circle</i>) | 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"/> Sinus Problems | <input type="checkbox"/> Cancer | <input type="checkbox"/> TMJ/Jaw Pain |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Allergies | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Rashes | <input type="checkbox"/> Spasms/Cramps |
| | <input type="checkbox"/> Pregnant (<u> </u> weeks) | <input type="checkbox"/> Other (explain): _____ |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Numbness/Tingling | <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Autoimmune |
| <input type="checkbox"/> Broken/Fractured Bones | | <input type="checkbox"/> Liposuction |
| | | <input type="checkbox"/> Recent surgery: _____ |
| MASSAGE THERAPY | | |
| Have you <u>ever</u> had a professional massage before? If so, when? | | |
| What type of pressure do you prefer? (<i>circle</i>) | Light Medium Deep | |
| Is there any area of your body you do not want massaged? | | |
| Goal for massage session: (<i>circle</i>) | Relaxation Pain Relief Stress Reduction | |
| SKIN CARE / WAXING | | |
| Are you under the care of a dermatologist? (<i>circle</i>) | Yes No | |
| Do you use: | | |
| <input type="checkbox"/> Accutane | <input type="checkbox"/> Retin A | <input type="checkbox"/> Adapalene |
| <input type="checkbox"/> Differin | <input type="checkbox"/> Other prescription product: _____ | |
| Have you had: | | |
| <input type="checkbox"/> Chemical Peel | <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Botox/Filler |
| <input type="checkbox"/> Laser | <input type="checkbox"/> Microblading | <input type="checkbox"/> Other resurfacing treatment; Date of last Facial: _____ |
| Are you currently using any products that contain: (<i>circle</i>) | Glycolic Acid Lactic Acid Hydroxy Acid Vitamin A | |
| Do you have any skin sensitivities or irritants? | | |

I, the client, of BRIGHTWATER The Spa at Skin Care Institute LLC, understand that it is my choice to receive a service at this facility. I understand that I am personally responsible for all personal items brought/left to this facility. On behalf of myself, my heirs, my executors, and my administrators, I 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 LLC, I agree to unconditionally defend, indemnify, hold harmless and release from any and all liability, costs of litigation and any other costs of every kind and nature, the company and the individual that provided my treatment, the insured, their insurance company, and any additional insureds, as well as any officers, directors, or employees of the above companies for any injury, property damage, 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 and will inform service providers if there are changes/updates for future visits. 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 LLC.

Client Name (printed): _____ Date: _____

Client Signature: _____ Date: _____