

**Bliss Salon and Spa**

*Facial / massage client intake form*

Name \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

Occupation \_\_\_\_\_ Emergency Contact & Phone # \_\_\_\_\_

Have you ever received Massage / Facial therapy before?  Yes  No Frequency \_\_\_\_\_

Reason for today's visit \_\_\_\_\_

Today's primary concern or goal \_\_\_\_\_

Classify Concern \_\_\_ Minor \_\_\_ Problematic \_\_\_ Major

Have you received treatment for this before, if yes explain \_\_\_\_\_

Desired results from today's visit \_\_\_\_\_

Current Medications ( oral / topical ) \_\_\_\_\_

Any stress reduction / exercise activities \_\_\_\_\_ Frequency \_\_\_\_\_

Check any that apply to your current health

\_\_\_ Pregnancy \_\_\_ Arthritis \_\_\_ Blood clots \_\_\_ Circulatory condition \_\_\_ Difficulty breathing

\_\_\_ Diabetes \_\_\_ Infections \_\_\_ Cancer \_\_\_ Heart condition

Additional health comments \_\_\_\_\_

Is there anything I should know ensuring your comfort regarding allergies / sensitivities to:

\_\_\_ Oils \_\_\_ Lotions \_\_\_ Scents \_\_\_ Detergents Others \_\_\_\_\_

Are you wearing contact lenses?  Yes  No

Do you have any hearing disabilities?  Yes  No

If yes, Please explain \_\_\_\_\_

*Communication is helpful during a massage / facial*

Do you have any movement disabilities?  Yes  No

If yes, Please explain \_\_\_\_\_

*Movement on and off the table is necessary*

Previous History \_\_\_\_\_

*Please list what is was / is and dates of occurrences.*

Serious Illness / surgeries / Major Accidents \_\_\_\_\_

*If is my choice to receive massage / facial therapy. I am aware of the benefits and risks of massage and give my consent. I acknowledge that massage / facial therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.*

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