TERRASSE SPA

TIDEWATER INN

Name: _____

Address: _____

Phone: _____ **Email address**: _____

Date of birth: ____/____/____

How did you hear about us? _____

Health History- Do you have, or have you had any of the following: (please circle)

Cancer	High/Low Blood Pressure	Open cuts/bruises
HIV/AIDS	Heart Disease	Pacemaker
Defibrillator	Lupus/Fibromyalgia	Hyper/Hypothyroidism
Implants	Transplants	Arthritis
Osteoporosis	Varicose Veins	Blood Clots
Fractures/Sprains	Headaches/Migraines	Herpes
Plantar Warts	Seizures	Circulatory Problems
Rash/Hives	Allergies	Currently Pregnant
Acne	Accutane Use	Diabetes

List of medications: _____

If you have circled any of the above, please explain: _____

_____

If you are having a facial, what are your concerns? _____

Have you used any peels, alpha-hydroxy, or Retin A products in the last 2 weeks? ___ YES ____ NO

Informed Consent and Release Waiver

It is my choice to receive spa therapies. I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update the Terrasse Spa of any changes to my health status. I understand that therapists do not diagnose illness, disease, or physical or mental disorders, nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations.

I acknowledge that these treatments are not a substitute for medical examination or diagnosis, and that I see a primary health care provider for that service. If I am unable to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone, unless I have an emergency. In this case, I will call ASAP to reschedule my appointment. If I miss a scheduled appointment without giving 24-hour notice, I agree to pay the missed appointment fee that applies.

I understand that if I am under the age of 18 years old I need consent and signature of a parent or legal guardian. I understand that any illicit or sexually suggestive behavior, remarks or advances made by me will result in the immediate termination of the session and I will be liable for payment of the scheduled service.

Signature _____ **Date** _____