



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 list explanation: _____

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? _____

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 Spa at the Beach Club 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 _____