



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 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.

*Sauna Waiver:* I understand that it is not advisable to use a sauna if I have certain medical conditions and that it is solely my responsibility to monitor my body and reactions. I acknowledge that I, alone, am responsible for my safety and wellbeing, and I agree to abide by all safety guidelines when using the sauna. These include, but are not limited to, adhering to guidelines posted at the sauna, consuming water before and after sauna sessions, disclosing any chronic medical conditions or contraindications (including joint injuries, metal implants or enclosed infections) and not using alcohol before or during a sauna session.

Signature \_\_\_\_\_

Date \_\_\_\_\_