

The Skin Inn Confidential Face Sculpting with Buccal Massage Form

Client Information

Name _____
 Address _____
 City/State/Zip _____
 Date of Birth _____ Age _____
 Phone Number _____

Date _____
 E-mail _____
 Occupation _____
 Referred by _____

Please take a moment to answer the following questions:

Have you had Botox or fillers within the past 8 weeks?	Y	N
Have you had cosmetic surgery or threading in the past 6 months?	Y	N
Have you had laser or a peel within the past 2 weeks?	Y	N
Have you been treated for cancer?	Y	N
Are you pregnant?	Y	N
Do you suffer from epilepsy or seizures?	Y	N
Are you prone to cold sores?	Y	N
Are you taking blood thinners?	Y	N
Have you had recent dental work?	Y	N
Are you doing hair removal on the face?	Y	N
Do you have acute rosacea?	Y	N
Have you had lymph node removal? If so, where? _____	Y	N

Please read the following and sign below:

I understand the massage I receive is for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist to be able to adjust the pressure/strokes to my level of comfort. I further understand massage should not be construed as a substitute for medical examination, diagnosis, or treatment and I should see a physician, chiropractor, or other qualified specialist for any mental or physical ailment of which I am aware. I understand massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness. Sometimes, massage should not be performed under certain medical conditions. I affirm I have answered all questions honestly. I agree to keep the therapist updated to any changes in my medical profile and understand there shall be no liability on the practitioner's part should I fail to do so. I also understand any illicit or sexually suggestive remarks or advances made will result in immediate termination of the session and will be liable for payment. I understand that The Skin Inn values your business and ask that you respect the spa's scheduling policies. **Should you need to cancel or reschedule, please notify us at least 24 hours in advance or you may be charged in full for you scheduled service.**

Signature: _____

Date: _____