

Confidential Body Treatment Consent Form

Client Name _____

Date _____

Referred by ___ Friend ___ Mailer ___ Walk-by ___ Yellow Pages ___ Gift Certificate ___ Other

Is this your first body treatment? ___ Yes ___ No

What is the reason for your visit today? _____

What other body treatments have you had? _____

Are you presently under a physician's care for any current health problem? ___ Yes ___ No What? _____

Are you pregnant? ___ Yes ___ No

If yes, how many weeks? _____ Complications? _____

Are you taking birth control? ___ Yes ___ No

Hormone replacement? ___ Yes ___ No

Do you wear contact lenses? ___ Yes ___ No

Do you smoke? ___ Yes ___ No

What is your stress level? ___ High ___ Medium ___ Low

Are you now using Accutane? ___ Yes ___ No

If so, how long have you been using it? _____

Do you have any allergies to cosmetics, foods, seaweed, shellfish, drugs? ___ Yes ___ No What? _____

Are you presently taking medications-prescribed or non-prescription, including aspirin? ___ Yes ___ No

If so, please list: _____

What other products do you use presently? _____

Please indicate if you are affected by or have any of the following:

Asthma

Hysterectomy

Broken Bones where?

Pace Maker

Sunburn

Immune Disorders

Cardiac problems

Lower Back Problems

Hepatitis

Fungal Infections

Eczema

Metal bone pins or plates

Epilepsy

Lupus

Valley Fever

Fever Blisters

Headaches, chronic

Phlebitis, blood clots

Poor circulation

Head /neck injury

Psychological

Sinus Problems

Herpes

Skin Diseases

High Blood Pressure

Urinary or Kidney problems

Please explain above problems or list any other significant health concerns or issues: _____

Please list the areas of the body that are of concern: _____

I understand that the services offered are not a substitute for medical care, and any information provided by the Aesthetician is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the Aesthetician in giving better service and is completely confidential.

My signature below constitutes acknowledgement that I have read and understand the foregoing consent form and agree to the treatment. I hereby give consent to _____ to perform a body treatment or wrap.

I hold non-liable _____, its employees, student and affiliates thereof, for any and all circumstances that may occur during my treatment. I acknowledge the information provided here is true and correct to the best of my knowledge as of the date of this Consent Form.

Client Signature _____

Date _____

Therapist Signature _____

Date _____

