

**Client Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**To receive future coupons:**

Date of Birth (mm/dd/year): \_\_\_\_\_ Wedding Anniversary (mm/dd/year): \_\_\_\_\_

**Tell us more about yourself:**

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medications: \_\_\_\_\_ Physician: \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Reason for Appointment:    Pain Relief    Stress Relief    Explain: \_\_\_\_\_

Who referred you? (circle all that apply):

Chiropractor    PT Doctor    Acupuncturist    Naturapath    Mid-wife    Friend    Family    Spouse  
 Facebook    Yelp    Google    Bing    Spafinder    Other \_\_\_\_\_

Name of the person who referred you: \_\_\_\_\_

**Please answer the following questions:**

|  |  |
|--|--|
| <p><b>What are we waxing today?</b></p> <p><input type="checkbox"/> Eyebrows    <input type="checkbox"/> Back    <input type="checkbox"/> Half Arm    <input type="checkbox"/> Half Legs<br/> <input type="checkbox"/> Chin    <input type="checkbox"/> Bikini    <input type="checkbox"/> Full Arm    <input type="checkbox"/> Full Legs<br/> <input type="checkbox"/> Lip    <input type="checkbox"/> Brazilian    <input type="checkbox"/> Underarm</p> | <p><b>Are you interested in:</b> <i>(check all that apply)</i></p> <p><input type="checkbox"/> Massage    <input type="checkbox"/> Facials    <input type="checkbox"/> Skin Care Products</p>  |
| <p><b>Do you have or are you prone to:</b></p> <p><input type="checkbox"/> Ingrown hairs    <input type="checkbox"/> Scarring    <input type="checkbox"/> Burns    <input type="checkbox"/> Bruising</p>   | <p><b>Are you menstruating?</b> <i>Because of water retention and your personal comfort, avoid hair removal two days before your cycle starts and two days after your cycle ends.</i></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> |
| <p><b>Are you diabetic?</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>   | <p><b>Please list any known allergies:</b> _____</p> <p>_____</p> <p>_____</p>   |
| <p><b>Have you had any of the following in the last 72 hours?</b></p> <p><input type="checkbox"/> Scrub or chemical exfoliations    <input type="checkbox"/> Sunburn    <input type="checkbox"/> Rash    <input type="checkbox"/> Tanning</p>  | <p><b>When did you last shave?</b> _____</p>   |
| <p><b>Do you use any of the following:</b></p> <p><input type="checkbox"/> Prednisone    <input type="checkbox"/> Retin A (Alustra, Avita, Renova, Tretinoin)    <input type="checkbox"/> Acne medications (Adapalene, Tazorac, Avage, Differin, Tazarotene)<br/> <input type="checkbox"/> Accutane or Isotretinoin—must be off this medication treatment course at least one year prior to waxing</p>   |  |

**Practice Guidelines and Boundaries**

 **TIME**

- Client will show up on time.
- Client will give 24-hour cancellation notice or the client will be billed for the session.
- A session can be lengthened based on the therapist’s schedule.
- If a client shows up late for an appointment, the client will be billed for a full session and treated for the remaining time.
- A one-hour session lasts 60 minutes.
- If an emergency occurs for either the client or the therapist, the session may be rescheduled based on mutual agreement.

 **CONFIDENTIALITY**

- The therapist does not share information about the session with others.
- A written requests is required for any release of client treatment information.

 **TREATMENT**

- The client must have proper hygiene (no open sores, dirty skin, etc.).
- The client determines which pieces of clothing to remove.
- The client disrobes/robes when the therapist is not present in the room.
- The therapist and client will discuss what is most appropriate for each treatment.
- Only the area that is being worked on will be uncovered.
- The client is encouraged to communicate any pain, concerns with pressure, or questions to the therapist.
- An adult must be present in the treatment room for any person under the age of 13 years old during the treatment.
- An adult must accompany any person between the age of 14-18 years old during the treatment.
- I understand that the massage table can safely support 350 pounds of weight and that I am not over 350 pounds.
- **Absolutely NO sexual intonation or behavior is tolerated.**

 **PAYMENT**

- Payment is due at the time when service is rendered.
- Cash, checks, Visa/MasterCard/Discover/AMEX, SpaFinder.
- Gratuity/Tip is greatly appreciated.

**Release of Liability**

I understand that waxing may have side effects including, but not limited to, skin removal, redness, scabbing, bruising, scarring, swelling, tenderness, hyper-pigmentation, and pimples. I further understand that the use of certain medications may increase these risks and have informed my skincare technician of any medications I am currently taking.

Because massage therapists and skincare technicians must be made aware of any existing physical conditions, I have stated all known medical conditions and am solely responsible for keeping my therapist and/or technician updated on my physical health. If changes occur, I agree to disclose any additional medical concerns in writing, if requested.

I fully understand that I am receiving a massage or skincare service at my own risk and hereby release Sunflower Spa LLC, its owners, officers, employees, contractors, and all individuals assisting in the conduct of services at the Sunflower Spa LLC from any and all liability. By signing, I testify that the information presented is truthful and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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