

FANTAGIO SPA & BODY

LAST NAME

FIRST NAME

DOB

ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

EMAIL

YOUR HEALTH

1. Within the last year, have you been under a dermatologist or other physician's care? _____
Within the last 9 months, have you undergone any surgery? _____
2. Have you had any health problems in the past or present? _____
3. List any medications, supplements, vitamins, etc you take regularly? _____
4. Do you: Smoke Follow a strict diet Wear contacts lenses Exercise regularly
 Have metal implants, a pacemaker or body piercing
5. Rate your level of stress on a scale of 1 to 5(1=low stress, 5=high stress) _____

YOUR SKIN

6. Do you have any skin problems pertaining to your face or body? _____
7. What skin care products are you currently using? _____
8. Have you ever had chemical peels, Microdermabrasion or any resurfacing treatments? _____
9. Do you use Accutane, Retin A, Renova, Adapalene or any prescription skin products? _____
10. Are you currently using any products containing the following ingredients? _____
Glycolic acid Hydroxy acid Lactic acid Any exfoliating scrubs Vitamin A derivatives(i.e.retinal)

BEFORE YOUR TREATMENT, PLEASE ADVISE IF YOU HAVE RECENT OR CHRONIC MEDICAL CONDITIONS. PLEASE CHECK THE ITEMS BELOW AND DISCUSS THEM WITH YOUR PRACTITIONER BEFORE TREATMENT. IF AT ANY TIME DURING YOUR TREATMENT ANYTHING FEELS UNCOMFORTABLE, TELL YOUR PRACTITIONER IMMEDIATELY SO THEY CAN ADJUST THE TECHNIQUE.

- DISLOCATIONS BLOOD CLOT BACK INJURIES NECK INJURIES VARICOSE VENS
CANCER ARTHRITIS INFLAMMATION MUSCLE TRAUMA HERPES
FAINTING SCIATICA ASTHMA HIV/AIDS SINUS PROBLEMMS
DIABETES EPILEPSY INFLAMMATION HERNIA HEART CONDITIONS
SKIN PROBLEMS SEIZURE FRACTURES/BROKEN BONES RECENT SURGERY
HIGH/LOW BLOOD PRESSURE OSTEOPOROSIS PREGNANCY _____ WEEKS
OTHER _____

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THE WORK DOES NOT CONSTITUTE MEDICAL TREATMENT BUT IS A FORM OF HEALTH MAINTENANCE FOR MY OWN RELAXATION. I TAKE FULL RESPONSIBILITY FOR ALERTING THE PRACTITIONER OF ANY PHYSICAL CONDITION OR IMPAIRMENT THAT WOULD AFFECT THIS WORK AND RELEASE FANTAGIO SPA & BODY FROM ANY RESPONSIBILITY ARISING FROM MY CONSENT TO MASSAGE.

DATED

SIGNED
