

MESSAGE PROFILE CARD



IZUMI
FOUNTAIN OF YOUTH

Name _____

Phone _____ E-mail _____

Address _____

City _____ State _____ Zip _____ DOB _____

How did you find us? Referral? By whom? _____

Website? Ad? Angie's List? Social Media? Which Social Media Site? _____

Other: _____

Would you like to be on our newsletter list to receive specials? Yes _____ No _____

If yes, what is your email address: _____

MEDICAL:

Are you currently or within the last year under any Doctors care? Yes _____ No _____

If yes, please explain: _____

Do you have any medical conditions that might interfere or be a contraindication for having this treatment, metal implants, pregnancy, cancer (specifically skin cancer or basal cell treatment, any medical condition I should be aware of? Please explain below:

Have you undergone surgery recently? Yes _____ No _____

If yes please, explain: _____

Pregnancy? Yes ___ No ___ If so, how far along? List any complications: _____

Do you have any allergies? Please list _____

Have you ever had an allergic reaction to any essential oil or massage product or treatment?

Yes _____ No _____ If yes, please explain: _____

Please list medication, vitamins, street drugs. List all and why: _____

Do you smoke? Yes _____ No _____ If yes, how long and how much: _____

Do you have any tension or soreness? Yes _____ No _____ If yes, where? _____

Do you bruise easily? Yes ___ No ___

Do you have arthritis? Yes ___ No ___ if so where? _____

Do you have varicose veins? Yes ___ No ___ If yes, where? _____

Do you have Any numbness/soreness Yes ___ No ___ Where? _____

Are you sensitive to touch or pressure in any areas? Yes ___ No ___ Where? _____

Do you exercise regularly? Yes _____ No _____

How much water do you drink per day? _____

Do you have sinus issues? Yes _____ No _____ Explain: _____

Do you wear contacts? Yes _____ No _____

Do you get or currently have a headache? Yes _____ No _____

Have you had any of the following within the last 6 months? Please check all that apply:

Laser Treatent _____ Augmentation/implant _____ Botox _____ Dermabrasion _____ Peel _____

Microdermabrasion _____ Resurfacing _____ Waxing _____ Tanning _____ Fillers _____

Please take the time to read the following information and sign where indicated.

If you have a specific medical condition or specific symptoms, that this treatment may be contraindicated please let me know before treatment, and consult your Physician. A referral from your primary care provider may be required prior to service being provided.

"I understand that this massage treatment is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the service can be adjusted or discontinued. I understand that this service should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of having. I understand that the aesthetician makes neither claims nor allegations to take the place of medical personal, nor diagnose, prescribe, or treat any medical conditions. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to the practitioner updated as to any changes in my medical profile and I understand that there shall be no liability on the practitioner's part should I with hold or forget to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will not be tolerated and will result in immediate termination of the session, and I will be liable for the full payment of the scheduled appointment."

Client Name Printed _____ Date _____

Client Signature _____

CANCELATION POLICY:

We require a 24 hour notice for any cancellation. There is a 50% cancellation or no show fee with less than 24 hour notice. If you are 15 minutes or more late for your appointment, your service will be cut short by the amount of time you were late. If you are ill please cancel as soon as possible.

