Name: ________________________________________ Date: _________________________

Occupation: ____________________________________ Date of Birth: _ ____ / _____ /______

Have you had spa treatments before ? ▯ Yes ▯ No If so where? _______________ ____________

Massage Clients: Are you at least 18 years of age ? (Clients under the age of 18 cannot be ser viced without parent in the room during time of service ) ▯ Yes ▯ No

Female guests : Are you pregnant? ▯ Yes ▯ No If yes, how many weeks? ____________

Do you have history with any of the following : (please check all that apply)

▯ Varicose Veins
▯ Blood Clots
▯ Phlebitis
▯ Arthritis
▯ Asthma
▯ Diabetes
▯ Heart Conditions
▯ Seizures
▯ Thyroid
▯ Allergies to ingredients Describe: ______________________________
▯ Skin Conditions Describe: ____________________________________
▯ High Blood Pressure Are you currently taking medication to control it? ▯ Yes ▯ No
▯ Cancer If yes, have you been released by your physician to receive massage ? ▯ Yes ▯ No

Any other medical concerns not listed above ? __________________________________________

Are you currently using any of the following:

▯ Retin -A
▯ Microdermabrasion
▯ IPL
▯ Alpha -Beta acids
▯ AHA professional peels
▯ Hydroquinone
▯ Accutane
▯ Injectable Fillers
▯ TCA
▯ Botox

Are you on any prescription MEDICATION?______ If yes, what?_________________ ____________

I release AME and its employees from all claims arising out of the performance of any service or reactions that may occur. I understand that it is my responsibility to notify my technician of any changes in my health or medical history.

Signature : ______________________ ___________________________ Date: _________________

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