

Kara Spa

Client Information:

Name: _____
First Middle Last

Address: _____ Phone: (Hm) _____ (cell) _____ (wk) _____

City State Zip Code E-Mail Address: _____ DOB: _____
month day

Referred by: _____ Occupation: _____ Sex: __ Male __ Female

General Health Information (check all medical conditions that apply):

- Pregnant? Number of wks. ____
- High/Lo Blood Pressure
 - Recent Surgery? If so, please explain: _____
 - Allergies, specify: _____
 - Cardiac or circulatory problems?
 - Major Injuries within the past year?
 - Diabetes?
 - Metal Implants?
 - Contact Lenses?
 - Claustrophobia?
 - Asthma?
 - Cigarette Smoker?
 - Trouble Sleeping?
 - Prescribed Medications: _____
 - Any other medical conditions that we should be aware of: _____

- Sensitivity to touch or pressure in a specific area, please specify: _____
- Regular exercise routine
- Skin lesions or inflammation. Please explain: _____

Facial Clients:

Date of last of facial: _____

- Regular sunbathing/ tanning
- Skin cancer

What challenges are you having with your skin? _____

Do you use any of the following?

__ Retin A __ Glycolic Acid __ Acutane

What products are you currently using for your skincare? _____

What changes would you like to see in your skin today? _____

Massage and Body Treatment Clients:

Date of Last Massage: _____

- Frequent headaches
- Varicose Veins
- Bruises
 - Tension or soreness in a specific area, please specify: _____

Please Read the following statement and sign where indicated:

I understand that if I experience any pain or discomfort during this session, I will immediately inform the practitioner. I understand that these practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. Nothing said in the course of my treatment should be construed as diagnosis. Because the service(s) I am receiving are being performed under certain medical conditions, I affirm that I have stated all medical conditions, and answered all questions honestly. I agree to keep the practitioner updated to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Signature Date: _____

Consent of Treatment of a Minor:

By my signature below, I hereby authorize the staff of KaraSpa to provide massage, facial, and/or body treatments to my child.

Signature of Parent or guardian Date: _____

Would you like to receive e mail specials and enroll in the rewards and referral programs? Yes __ No __