

## Body Treatment Consultation Form

Client Name \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

If under 18 please provide your age \_\_\_\_\_

About your health:

1. Are you aware of any health problems which may interfere with the treatments you are about to receive? Yes No if yes, please specify \_\_\_\_\_
2. Have you undergone any surgery within the last nine (9) months? Yes No if yes, please specify \_\_\_\_\_
3. Have you been under a dermatologist or other physician's care within the last year? Yes No
4. Please list any medications, vitamins, supplements, etc. which you use regularly: \_\_\_\_\_
5. Do you have any physical injury or condition that we should know about, or that needs special attention? Yes No if yes, please specify \_\_\_\_\_
6. Do you have metal implants, a pacemaker, or body piercings? Yes No
7. Do you wear contact lenses? Yes No

(FEMALE CLIENTS ONLY)

8. Are you pregnant and/or nursing? (breastfeeding)? Yes No
9. Are you using the contraceptive patch/ring or taking oral contraceptives? Yes No

About your preferences:

1. What type of pressure do you prefer? Light Firm Medium Deep
2. Have you ever experienced claustrophobia? Yes No
3. Have you ever had a reaction to any of the following? Cosmetics Medicine Iodine  
Pollen Foods Hydroxy acids Animals Fragrance Sunscreens Other \_\_\_\_\_

I confirm (to the best of my knowledge) that the information I have provided is accurate and complete. I have not withheld any information that may be relevant to my treatment and/or the results thereof. I am aware that there are often inherent risks associated with body treatments and that the services I am about to receive could have unfavorable results including, but not limited to: allergic reaction, irritation, burning, redness, scarring, soreness, etc. By signing below, I further agree that I will not hold Hair & Body Day Spa and Salon or its affiliates or any of its employees responsible should there be any unfavorable outcome or result.

\_\_\_\_\_  
Client X

\_\_\_\_\_  
If under 18; Parent signature X

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Parent or Guardian Consent (Must be completed for clients under the age of 18)

In consideration of ("Minor") \_\_\_\_\_ (print minor's name) being permitted by Hair & Body Day Spa and Salon to participate in its services including but not limited to, body treatments. I further agree to indemnify and hold harmless Hair & Body Day Spa and Salon from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such services by Minor.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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