



Client Profile and Questionnaire

PLEASE PRINT

Today's Date: _____

Name: _____ Date Of Birth: ____ / ____ / ____

Address: _____ City, State, Zip: _____

Phone – Home: _____ Work: _____ Cell: _____

Dermatologist/Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

E-Mail Address: _____

Please take a moment to carefully read and answer the following questions concerning your history and expectations. If you have a medical condition or symptom, the services provided may be unable to be received. A referral from your primary care provider may be required prior to services being provided.

1. Please list any allergies (cosmetic, food, drugs, seasonal, etc.) you may have:

2. Please list any medications (oral or topical) you are currently taking:

3. Are you presently under a physician's care for any current skin condition or problem? If yes, what condition/problem?

4. Have you had or are you presently under a physician's care for cancer? If yes, what type and what type of treatments?

5. Have you had any of the following, past or present:

Acne	Yes	No	When _____
Allergies	Yes	No	
Arthritis or Bursitis	Yes	No	
Blood Pressure	High	Low	Normal
Breast Implant	Yes	No	
Cancer	Yes	No	
Cataracts	Yes	No	
Cholesterol	High	Low	Normal
Claustrophobic	Yes	No	
Diabetes	Yes	No	
Eczema	Yes	No	Where _____
Epilepsy	Yes	No	
Hay Fever	Yes	No	
Headaches	Yes	No	How often _____
Heart Disease/Conditions	Yes	No	What _____
Herpes	Yes	No	

Hepatitis	Yes	No	
HIV/Aids	Yes	No	
Infections	Yes	No	
Lupus	Yes	No	
Menopausal	Yes	No	
Metal Implants	Yes	No	
Pace Maker	Yes	No	
Psoriasis	Yes	No	
Serious Injury	Yes	No	What _____
Shingles	Yes	No	
Sleep Problems	Yes	No	
Thyroid	High	Low	Normal
Varicose Veins	Yes	No	
Do you smoke	Yes	No	
Do you drink alcohol	Yes	No	
Do you wear contact lenses	Yes	No	

FOR WOMEN ONLY

Are you currently on birth control	Yes	No	What kind _____
Are you pregnant or trying to get pregnant	Yes	No	
Are you taking any hormone replacements	Yes	No	
Do you experience hormone imbalances	Yes	No	

FOR MEN ONLY

Do you shave with	Razor	Electric Shaver
Do you experience breakouts	Yes	No
Do you have ingrown hairs	Yes	No

LIFESTYLE AND DIET

6. Is your stress level	High	Medium	Low
7. Do you normally sleep well	Yes	No	
8. Do you regularly exercise	Yes	No	
9. Do you have food intolerances	Yes	No	
10. Do you follow a special diet	Yes	No	
11. How many glasses of water do you consume daily	_____		
12. How many cups of caffeinated beverages (coffee, tea, soft drinks) do you consume daily	1-3 cups	4 or more	
13. How would you describe your overall health	Excellent	Good	Fair Poor

SKIN HEALTH (ALL SWiCH, Enzymes, Peels, and Microdermabrasion facials require an additional form to be filled out)

14. Which conditions would you like to improve:

Acne scarring	Hyperpigmentation
Acne	Broken capillaries
Age spots	Stretch marks
Enlarged pores	Surgical/facial scars
Fine lines & wrinkles	Other _____

15. Have you ever had a facial treatment in the past Yes No

16. What was your experience _____

MESSAGE

33. Have you ever received a professional massage Yes No How recently _____

34. What are your massage goals _____

35. What is your stress level Light Moderate Heavy

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation. If I experience any pain or discomfort during this session, I will immediately inform my technician so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork 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 of which I am aware. I understand that massage/bodywork technicians are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the technician updated as to any changes in my medical profile and understand that there shall be no liability on the technician's part should I fail to do so. I also understand 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.

I do fully understand all the questions above and have answered them all correctly and honestly. I understand that the services offered are not a substitute for medical care; any information provided by the technician is for educational purposes only and not diagnostically prescriptive in nature. I understand that the technician will completely inform me of what to expect in the course of treatment and will recommend adjustments to my regimen if necessary. I also am aware that individual results are dependent upon my age, skin condition, and lifestyle. I agree to actively participate in following appointment schedules and home care procedures to the best of my ability, so that I may obtain maximum effectiveness. In the event that I have additional questions or concerns regarding my treatment or suggested home product routine, I will inform the technician immediately. I understand that the information herein is to aid the technician in providing my services and is completely confidential. I have been advised that the service(s) provided to me could have unfavorable results including, but not limited to: allergic reaction, irritation, burning, redness, soreness, etc. I am aware that certain medications and over-the-counter products can significantly increase the risk of injury when combined with skin care services. I understand that the technician (Michelle Nieman), Pampered Services, LTD. does not recommend skin care services for customers using Retin-A, Accutane, products containing alpha hydroxy, or any other skin thinning treatments. I hereby confirm that I am not using any medication that may cause or contribute to any such injury/reaction, and I will advise the technician should I use any such medication in the future. I understand that there are adherent risks associated with skin care services and I will not hold the technician (Michelle Nieman), Pampered Services, LTD. liable for any damages that might occur while receiving treatments or services. Therefore, I release and hold harmless the technician (Michelle Nieman), Pampered Services, LTD. from any liability for adverse reactions that may result from any treatment. I understand that I have the opportunity to ask questions before, during, and/or after any services received. By signing this document, I am acknowledging that I have read and understood all of the foregoing information.

POLICIES

Should the need arise to cancel or reschedule your appointment, please allow a 48 hour advance notice. Insufficient notice to cancel or reschedule an appointment is subject to charges up to the full value of the service(s). Accumulated insufficient notice can also result in a non-refundable/non-returnable deposit in order to schedule future appointments.

Retail items can be exchanged if damaged or defective within 10 days of original purchase.

There is a \$50 fee for returned checks as well as any incurred charges for collection of payment owed.

Client Signature

Date