

Dermalove Esthetics and Massage
 2005 Fayette
 NKC, MO 64116

GENERAL INFORMATION

Last Name: _____ First Name: _____

Address:			
Street	City	State	Zip
Phone:	() _____	Email:	_____
Mobile Phone:	() _____		
Date of Birth:	_____	Occupation:	_____
Sex:	Male / Female		
Emergency contact:	_____	Phone:	_____

***** PLEASE INITIAL THE FOLLOWING: DUE TO INSURANCE LIABILITY ONLY THE CLIENT IS ALLOWED IN THE TREATMENT ROOM DURING ANY PROCEDURE. CHILDREN UNDER THE AGE OF 16 ARE NOT ALLOWED TO BE LEFT UNATTENDED IN THE SPA AT ANY TIME. PLEASE MAKE ARRANGEMENTS FOR CHILD CARE PRIOR TO YOUR APPOINTMENT. THANK YOU.**

***** PAYMENTS FOR SERVICES MAY BE MADE WITH CASH, MASTERCARD, VISA, DISCOVER AND AMERICAN EXPRESS. Person checks are accepted but returned checks will be subject to a \$25 returned check fee.**

***** Appointments canceled the day of the appointment or no shows are subject to a \$25 fee or loss of treatments when prepaid.**

***** Reminders are made via text message unless another preference is otherwise specified**

INITIALS: _____

Please circle all esthetic and massage services you would be interested in:

Microdermabrasion	Photo Facials	Swedish Massage
Chemical Exfoliation/Peels	Spider Vain Reduction	Deep Tissue Massage
Laser Hair Reduction	Waxing	Hot Stone Massage
Skin Tightening	Botox	Pre-Natal Massage
	Eyelash Extension	

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MESSAGE CONSENT FORM

Medications you are currently taking: _____

Are you Pregnant? _____

Have you consumed alcohol in the past 24 hours? _____

Do you have a history of any of the following? Please check ALL that apply.

abdominal pain	<input type="checkbox"/>	low back pain	<input type="checkbox"/>
accident	<input type="checkbox"/>	mastectomy	<input type="checkbox"/>
allergies to oils or perfumes	<input type="checkbox"/>	mid back pain	<input type="checkbox"/>
arthritis, bursitis or gout	<input type="checkbox"/>	motor vehicle accident	<input type="checkbox"/>
breast augmentation	<input type="checkbox"/>	neck pain	<input type="checkbox"/>
broken bones	<input type="checkbox"/>	nervous tension	<input type="checkbox"/>
cancer	<input type="checkbox"/>	sciatica	<input type="checkbox"/>
carpal tunnel syndrome	<input type="checkbox"/>	scoliosis	<input type="checkbox"/>
colitis	<input type="checkbox"/>	shoulder pain	<input type="checkbox"/>
decreased range of motion	<input type="checkbox"/>	sprains	<input type="checkbox"/>
diabetes	<input type="checkbox"/>	stroke	<input type="checkbox"/>
fibromyalgia	<input type="checkbox"/>	surgery	<input type="checkbox"/>
headaches	<input type="checkbox"/>	upper back pain	<input type="checkbox"/>
heart attack	<input type="checkbox"/>	varicose veins	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>	wear contacts	<input type="checkbox"/>
HIV	<input type="checkbox"/>	whiplash	<input type="checkbox"/>
Joint ache	<input type="checkbox"/>	seizures	<input type="checkbox"/>

Do you have any of the following today? Please check all that apply.

sunburn	<input type="checkbox"/>	open cuts or burns	<input type="checkbox"/>
inflammation	<input type="checkbox"/>	bruises	<input type="checkbox"/>
severe pain	<input type="checkbox"/>	poison ivy	<input type="checkbox"/>
headache	<input type="checkbox"/>	cold/flu	<input type="checkbox"/>
dizziness	<input type="checkbox"/>		

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I understand that massage is not a replacement for medical care and that no diagnosis will be made.
 I have completed this form truthfully and accurately and I am responsible for communicating any changes in health or medications to the therapist BEFORE EACH treatment session.

DATE: _____

SIGNATURE: _____

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PLEASE CAREFULLY READ AND INITIAL THE FOLLOWING:

1. Groupons and other internet coupons are for new clients only. The same offers are available for current clients through the business. _____
2. All packages expire 1 year from date of purchase. Groupons and other coupons for packages will expire 1 year from the date of the first treatment. _____
3. No call no shows for appointments will automatically result in loss of a prepaid treatment or a \$25.00 fee. This fee must be paid online before another appointment can be booked. Appointments canceled with less than 24 hours may also be subject to the same fees. When appointments are canceled at the last minute, it makes it difficult to fill the time and results in a financial loss for the business. _____
4. If you are going to be late for an appointment please call or text. Due to time constraints clients who will be more than 15 minute late will be have to be rescheduled. If there is no call or no text and the client is more than 15 minutes late it will be counted as a no call no show.

5. Please do not use cell phones for calls, games or other media. This is a spa atmosphere and excess noise including conversations should be kept to a minimum please. _____
6. Children under the age of 16 are not allowed to be left unattended in the spa at any time.

7. If you are receiving laser or IPL treatments please note that tanning beds and sun exposure must be avoided for one month prior to and one month after treatments end as well as in between treatments. **TANNING TO THE TREATMENT AREA INCREASES THE INCIDENCE OF BURNING, BLISTERING AND PERMANENT SCARRING AND DISCOLORATION.**

8. Please notify the technician of any major medical changes, new diagnoses and medication changes before each treatment _____
9. Dermalove Esthetics and Massage accepts all major credit cards as well as personal checks. Please note any personal check that is returned will be charged a \$25 returned check fee.

Signature: _____

Date: _____