



New Client Information

First Name: _____ Last: _____

Phone Number: () _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Gender: M F D.O.B. _____

In Case of Emergency: _____ Phone: () _____

How did you hear about us? Friend Ad Internet Flyer Drive by Other

Cancellation Policy

We understand that unanticipated events happen occasionally in everyone's life. Business meetings, car problems, child care, weather, and illness are just a few ones why one might consider canceling an appointment. In our desire to be effective and fair to all of our clients and out of consideration for our therapists' time, we have adopted the following policies:

- Credit card information will be obtained at time of scheduling an appointment.
- **24 Hour Advance Notice** is required when canceling OR changing an appointment. This allows the opportunity for someone else to schedule.
- If you are unable to give us 24 hours advance notice, you will be charged a **\$15 cancellation fee (per service)** for your missed appointment.
- **Arriving Late:** Appointment times have been arranged specifically for you. If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will determine if there is enough time remaining to start your service. Regardless of the length of the treatment actually given, you will be responsible for the payment of the "full" session.

Out of respect and consideration for your therapist and other clients, please plan accordingly and be on time. We look forward to serving you!

Essentials Massage & Facial Spa of Wesley Chapel is NOT responsible for any lost items.
Please keep all of your belongings in your possession.

Client Signature: _____ Date: _____

Massage

Please circle all that apply (any answers that require explanation please put in comments):

Diabetes Contagious diseases Thyroid Condition Frequent Headaches Pregnant Arthritis
Cardiac or Circulatory Problems High or Low Blood Pressure Epilepsy or Seizures
Joint Swelling Varicose Veins Osteoporosis Food Allergies/Sensitivities Bruise
Easily
Back Pain or Disc Herniation Numbness or Stabbing Pains Broken bones in the past 2 years?

Ever had Surgery? _____ Are you sensitive to pressure in any areas? _____

Comments: _____

Have you ever experienced a professional massage or bodywork session? _____

How recently? _____ What are your goals for today's treatment? _____

What kind of pressure do you prefer? Light Medium Firm

Skin

Skin Conditions: Rosacea Acne/Scarring Fine/Deep Lines Hyper/Hypo Pigmentation

Skin Type: Oily Combination Dry Sensitive

Sun Exposure: Tendency to burn Tendency to burn then tan Tendency to tan

Home Care: Face Wash Toner Moisturizers Other products: _____

- Have you had any recent fillers or botox? _____
- Do you use retinol-based Rx such as RetinA or Renova? _____
- If so, when was the last time you used it? _____
- Have you had a resurfacing treatment within the last 3 months? _____
- Have you had any facial surgeries or implants? _____
- Do you suffer from herpes simplex? _____
- Are you wearing contact lenses? _____

Skin: I give consent to receive treatment at Essentials Massage & Facials. I understand I will be receiving a professional service from a contracted and licensed Skincare specialist. I will provide my skincare specialist with as much background as possible to assure I will receive maximum results. I understand that any specialist at Essentials will not "diagnose." I also agree that there will be no liability on the practitioner's part or Essentials LLC for any services rendered. **Massage:** I understand I will be receiving a professional service from a contracted and licensed massage therapist. I understand that the massage/bodywork/spa treatment I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during any session I will immediately inform the practitioner so that the treatment, 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 practitioners 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner'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.

Client Signature: _____ Date: _____

Consent to Treatment of Minor:

Parent/Legal Guardian: _____ Date: _____