Superior Body Massage & Spa

Confidential Skin Health Information Form

Welcome, thank you for choosing Superior Body. In order to meet your specific needs most effectively and safely, please take a few moments to carefully complete this form. If you have any questions or would like to explain something in more detail, we will have time before we begin your session.

Name: _____ Date: _____

Phone: _____ Birthday: _____ Occupation: _____

Emergency Contact Name and Phone: _____

If you would like to be on our e-mail mailing list, please provide your e-mail address: _____

How did you hear about us? ☐ Person ☐ brochure ☐ Internet ☐ Chamber ☐ Yellowbook ☐ Other

1) Is this your first facial? ☐ Yes ☐ No 2) Are you wearing contact lenses? ☐ Yes ☐ No

3) What special areas of concern do you have with your skin? _____

4) Are you presently under a physician's care for any current skin condition? ☐ Yes ☐ No

If so, for what? _____

5) Are you undergoing hormone replacement therapy? ☐ Yes ☐ No

6) Have you had skin cancer? ☐ Yes ☐ No If yes, when? _____

7) Are you now using (or have you used in the past):

☐ Azelex ☐ Differin ☐ Renova ☐ Retin-A ☐ Tazarac ☐ Accutane ☐ Glycolic/alphahydroxy acids

8) Do you experience frequent blemishes ☐ Yes ☐ No How often _____

9) Do you have any metal pins, plates or other implants? ☐ Yes ☐ No Where? _____

10) What products do you use presently? ☐ Soap ☐ Cleansing milk ☐ Toner ☐ Scrub ☐ Mask ☐ Creams ☐ Sunscreen ☐ Serums ☐ Other

Please check any of the following that apply to you.

___ High/Low Blood Pressure	___ Arthritis	___ Diabetes	___ Poor Circulation
___ Osteoporosis	___ Fibromyalgia	___ Heart Conditions	___ Fractured Bones
___ Frequent Headaches	___ Varicose Veins	___ TMJ Disorder	___ Digestive Disorders
___ Blood Clots	___ Pregnancy	___ Asthma	___ Spinal Injury/Surgery
___ Bursitis/Tendonitis	___ Cancer	___ HIV	___ High Cholesterol

Other Conditions, please explain _____

Please list any allergies or reactions to cosmetics, foods or drugs _____

_____

Please list any medications or supplements you are currently taking.

_____

Please inform your therapist of any open wounds, bruises, rashes or other skin conditions.

I understand that I have the option to end the session at any time. I have stated all medical conditions that I am aware of and will update the practitioner of any changes in my health status.

Signature: _____ Date: _____