AQUA SPA

Intake Form

Name (First/ Last):			Today's Date:
Address:		Phone:	Date of Birth:
City:	State:	Zip Code:	Email*:
Emergency Contact:	E/ C Phone:	Referred By:	Occupation:

How did you hear about us: ☐ Aquaobx.com ☐ Trip Advisor Other:
☐ Google ☐ Yelp

GENERAL HEALTH

*If you provide us with your email adress we wil add you to our birthday and specials database

1. Do you smoke? ☐ Yes ☐ No
2. Please list any medications you are currently taking:
3. Are you currently under medical supervision? ☐ Yes ☐ No If yes, please explain:
4. Please let us know of any medical conditions or health issues we should know about:
5. Please list any allergies you have:
6. Do you have any skin sensitivities or irritations? ☐ Yes ☐ No If yes, please explain:

SKIN CARE and WAXING

*Because of water retention and for your personal comfort, avoid hair removal two days before and after your cycle starts

1. Are you currently using:	☐ Accutane	☐ Retin A	☐ Renova	☐ Adapalene
	☐ Glycolic Acid	☐ Lactic Acid	☐ Hydroxy Acid	☐ Vitamin A
2. Have you ever had a:	☐ Chemical Peel	☐ Microdermabrasion	☐ Botox	☐ Other resurfacing
3. What is your main concern:	☐ Sun Damage	☐ Acne	☐ Lines & Wrinkles	☐ Scarring/ Texture
	☐ Blackheads	☐ Discoloration	☐ Other:	
4. What is your skin type:	☐ Oily/ Congested	☐ Dry/ Dehydrated	☐ Acne	☐ Sensitive/ Redness
	☐ Eczema	☐ Psoriasis	☐ Rosacea	

Please describe your skin care goals:

MASSAGE THERAPY

1. Have you ever had a professional massage before? If so when?
2. Goal for your massage: ☐ Relaxation ☐ Pain Relief ☐ Stress Reduction
3. If pain relief, please explain:

It is my choice to receive spa therapies. I have completed this form to the best of my knowledge. I affirm that I have stated all known medical conditions including all known allergies or prescription drugs or products I am currently using. I agree to update Aqua Spa of any changes to my medical profile and understand there shall be no liability on the esthetician/ therapists part should I fail to do so. I understand that Estheticians and Massage Therapists do not diagnose illness, disease, or physical or mental disorders, nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations. I acknowledge that these treatments are not a substitute for medical examination or diagnosis, and that is recommended I see a primary health care provider for that service. If I experience any pain or discomfort during my session I will immediately inform my esthetician/ therapist. I give my permission to my esthetician/ therapist to perform the procedures we have discussed and will hold them and Aqua Spa harmless from any liability that may result from this treatment. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/ post-treatment care, I will consult my esthetician/ therapist immediately.

Signature: _____ Date: _____

CONSENT TO TREATMENT OF A MINOR: *By my signature below I hereby authorize Aqua Spa's practitioner to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.*

Signature of Parent or Guardian: _____ Date: _____