

Fieldstone Spa Limited

8488 Smylie Road
Cobourg, ON K9A 4J7

Confidential Client In-Take Form (Massage and/or Facial)

(Please circle which treatment(s) you are having)

Please take a moment to carefully read/fill-out the following form and sign where indicated. If you have a specific medical condition or specific symptoms, treatments and/or timing may be altered. All information is strictly confidential

Name: _____ Date of Birth _____

Address: _____

Occupation: _____

Work: () _____ - _____ Home: () _____ - _____ Cell () _____ - _____

Email/ _____

Do we have permission to send you deals or marketing material from Fieldstone Spa Yes _____ No _____?

How did you hear about us?

Section A for ALL CLIENTS

Have you received massage therapy before? Yes No

What pressure do you prefer with your massage? Heavy Medium Light

Do you follow a restricted diet? Yes No Specify: _____

Do you follow a regular exercise program? Yes No

Do you experience any problems sleeping? Yes No

Did a health care practitioner refer you? Yes No

If Yes, please provide their name and address. _____

Past surgery (including plastic surgery?) - date /nature _____

Past injuries – date/ nature _____

Have you been under the care of a physician, dermatologist or other medical professional within the past year?

Yes No If Yes, explain: _____

Have you had any piercings, tattoos, or permanent cosmetics? Yes No

If yes, where on your person? _____

List any medications you take regularly: _____

Do you smoke Yes No?

Have you received Botox or injections within the past 7 days? Yes No?

Do you have any allergies?

Explain _____

Section B for FACIALS ONLY

Have you received a facial before? Yes No

Have you ever had an adverse reaction after using any skin care product?

Explain _____

Do you use Retin-A, Renova, Glycolic Acid, AHA, Salicylic Acid, Retinol/ Vitamin-A derivative products?

Yes No describe: _____

Have you used any of these products in the last 3 months? Yes No

Have you used any acne medication? Yes No,
when? _____ Which drug? _____

Do you form thick or raised scars from cuts or burns? Yes No

Do you wear contact lenses? Yes No

Have you been exposed to the sun or used a tanning bed in the last 48 hours? Yes No

How frequently are you exposed to the sun or use a tanning bed? Infrequently Frequently

Have you ever experienced claustrophobia? Yes No

Do you suffer from sinus problems? Yes No

Do you want extractions during your facial? Yes No

Female Clients Only

Are you pregnant? Yes No

Are you lactating? Yes No

Painful menstruation? Yes No

Any menopause challenges? Explain _____

ALL Clients: Have you had any of these health conditions in the past or present? (Please check all that apply)

Joint/Soft Tissue Discomfort:

- Arms
- Back (Upper/Lower/Mid)
- Degenerative Discs
- Feet
- Hands
- Hips
- Jaw
- Knees
- Legs
- Neck
- Osteo Arthritis
- Rheumatoid Arthritis
- Sciatica
- Shoulders

- Diabetes
- Cancer
- Epilepsy or other seizures
- Arthritis - Family History? _____

General Symptoms

- Fainting
- Dizziness
- Loss of Sleep
- Fatigue
- Nervousness
- Sudden Weight Loss/Gain
- Numbness
- Tingling
- Paralysis
- Headaches (Tension)
- Migraines

Respiratory

- Chronic Cough
- Bronchitis
- Asthma
- Hay Fever
- Difficulty Breathing
- Emphysema
- Pneumonia

Skin

- Skin diseases/skin lesions
- Rashes
- Boils
- Bruise easily
- Eczéma
- Severe Acne
- Keloid scarring
- Hyperpigmentation (darkening of the skin)
- Hypopigmentation (lightening of the skin)
- Skin Cancer
- Psoriasis
- Rosacea

Infections

- Herpes
- HIV/AIDS
- Systemic disease
- Hepatitis
- Cold
- Flu
- Athlete's Foot
- Warts

Cardiovascular

- High Blood Pressure
- Low Blood Pressure
- Coronary Heart Disease
- Heart Attack
- Phlebitis
- Stroke/ CVA
- Pacemaker
- Heart Murmur
- Palpitations
- Varicose Veins
- Swelling of the Ankles
- Poor Circulation
- High Blood Pressure
- Thyroid condition

Digestive

- Poor Appetite
- Belching/Gas
- Constipation
- Diarrhea
- Nausea
- Ulcer
- Vomiting

All Clients

I understand, have read and completed this questionnaire truthfully.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform the Fieldstone Spa professional of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release Fieldstone Spa and/or the skin care/massage professionals from liability and assume full responsibility thereof.

Client Signature: _____

Date: _____

Thank You from the Staff at Fieldstone Spa