Present Tense with Nancy

Confidential Client Information

Name: _____

Email: _____

Phone #'s (home): _____

(mobile): _____

(work): _____

Receive Text? ☐Y/ ☐N Service Provider: _____

Address: _____

City: _____ St: _____ Zip: _____

Birthday: _____ Anniversary: _____

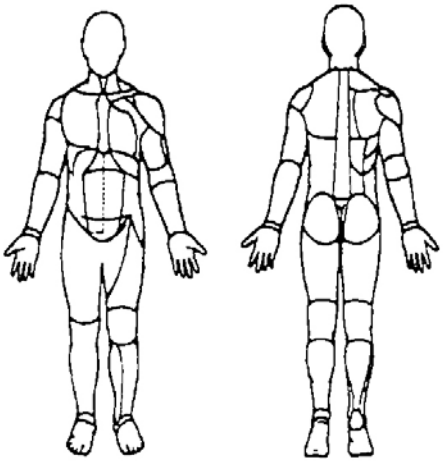
(All information is private and will never be sold)

How did you hear about us? (Please Check)

☐*Spa Finder* ☐*Facebook* ☐*Internet: Other*_____ ☐*Drove By*

Coupon Book ☐*Friend/Family:* _____

Full name for referral credit



Front **Back**

Please indicate the areas where you are feeling tightness, tension or pain.

Are you interested in learning about the Membership Program? ☐ Y/ ☐N

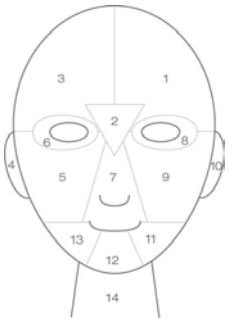
What type of Massage Pressure do you prefer? ☐light ☐medium ☐deep

Health History (Check all that apply)

☐ Congestive Heart Failure
☐ Varicose Veins
☐ Cancer ☐ In remission
☐ Diabetes ☐ Insulin dependant
☐ Fibromyalgia
☐ High Blood Pressure
☐ Osteoporosis
☐ Pregnancy: _____weeks
☐ Allergies:
_____
_____
_____
☐ Medications/blood thinners:
_____
_____
☐ Recent Injuries/Surgeries:
_____
_____

Skin Conditions (check all that apply)

☐ Acne
☐ Sensitivity
☐ Rashes
☐ Abnormalities
☐ Sunbathe SPF: ____
☐ Oily
☐ Dryness
☐ Flakiness
☐ Tightness
☐ Irritation from shaving/waxing



Please indicate areas of concern.

Daily Activity

What type of skin care products are you currently using? ☐Soap ☐Toner ☐Cleanser ☐Scrub/Peel ☐Moisturizer ☐ Other: _____

What temperature of water do you cleanse with? ☐Cold ☐Warm ☐Hot

How much plain water do you consume daily? ☐< 2 cups ☐2-4 cups ☐5-7cups ☐8 or more cups

I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasms, and/or for increasing circulation and relief from stiff joints. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. I take it upon myself to update my therapist regarding any changes in my condition. I confirm to the best of my knowledge that the information I have given is correct and that I have not withheld information that may be relevant to my treatment. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and that I will be liable for payment of the scheduled appointment.

Signature: _____ Date: _____