



## My Red Bow, Spa Treatments

### Skin Care Confidential Client Intake Form

First & Last Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ W# \_\_\_\_\_  
H# \_\_\_\_\_ C# \_\_\_\_\_  
Referred by/How did you hear about us? \_\_\_\_\_  
Birthday: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Have you had a facial or waxing before?: Y / N  
Do you exercise regularly? Do experience frequent headaches?  
Y / N Y / N  
Do you wear contacts? Do you bruise easily?  
Y / N Y / N  
Do have painful varicose legs? Do you suffer from Arthritis?  
Y / N Y / N  
Do you have Diabetes? Do you have epilepsy/seizures:  
Y / N Y / N  
Do you experience joint swelling? Do you have Osteoporosis?  
Y / N Y / N  
Do you have Fibromyalgia? Do you have asthma?  
Y / N Y / N  
Are you sensitive to pressure? Do you have cardiac/circulatory issues?  
Y / N Y / N  
Do you experience stabbing/shooting pains or numbness? Y / N  
If yes, where?: \_\_\_\_\_  
Do you have blood clots?  
Y / N  
If yes, where?: \_\_\_\_\_  
Do you have allergies? Y / N If yes, to what?: \_\_\_\_\_  
Are you pregnant or nursing? Y / N If yes, what stage are you?: \_\_\_\_\_  
Do you have any blood disorders? Y / N If yes, what?: \_\_\_\_\_  
Do you or have you been treated for cancer? Y / N  
If yes, when & what type?: \_\_\_\_\_  
Do you have open sores or scabs? Y / N  
If yes, where?: \_\_\_\_\_  
Do you have any communicable diseases? Y / N  
If yes, what?: \_\_\_\_\_  
Have you been in a car accident? Have you had any major injuries?  
Y / N Y / N  
Have you had major surgery? Y / N

If yes, when & for what?: \_\_\_\_\_

Do you have high blood pressure? Y / N

If yes, what are you taking?: \_\_\_\_\_

Are you currently or have been under a Physician/Dermatologist's care within the last year?: \_\_\_\_\_

If you answered "yes", for what?  
\_\_\_\_\_

Are you currently using prescription drugs, shots, or creams?: \_\_\_\_\_ If "yes", for what?: \_\_\_\_\_

Any other medications, conditions, or over the counter medications you can list?: \_\_\_\_\_

**Consent to treat a minor:** I, \_\_\_\_\_, am the parent or legal guardian and consent to allow **My Red Bow, Spa Treatments** and it's independent practitioners to administer bodywork to my child, \_\_\_\_\_, who is under the age of 18.

**Page 2**

### **Skincare History**

How often do you clean your face?: \_\_\_\_\_ What temperature of water do you wash with?: \_\_\_\_\_

How would you describe your skin?: \_\_\_\_\_

How would you describe your pore size?: \_\_\_\_\_

Do you use:

Sunscreen \_\_\_\_\_ Cleanser \_\_\_\_\_ Toner \_\_\_\_\_ Scrub \_\_\_\_\_ Masque \_\_\_\_\_ Moisturizer \_\_\_\_\_

Do you have questions, comments, or concerns you would like to discuss? \_\_\_\_\_

I understand the treatment(s) I am about to receive is provided by a licensed technician who has undergone all the current state, county, city, and educational requirements necessary to perform these treatments. If I notice discomfort, pain, etc., I will notify my therapist immediately. I also understand my treatments are not to take the place of a doctor's examination, diagnosis, prescription, or treatment of a physical or mental illness or condition I knowingly or unknowingly currently have. I have to the best of my ability listed all known conditions, injuries, treatments, medications, past or present. My Red Bow, Spa Treatments and it's independent contractors will be considered faultless for contraindications or injuries, whether physical or mental, by me not sharing my medical history. I will not hold My Red Bow or affiliates responsible for any reactions to facial or waxing service(s) due to my mental, medical, or health conditions. I agree to keep any technician affiliated with My Red Bow, Spa Treatments up to date on my health. **Proper draping is required and any illicit or sexually suggestive remarks, advances, and/or innuendos made by me will result in immediate termination of my session.** Thank you for your time and patience in filling this form out.

**Client Signature:** \_\_\_\_\_

**Practitioner Signature:** \_\_\_\_\_

