## Kara Spa

## **Client Information:**

Address:	Name:						
E-Mail Address:			e	Last			
Referred by:Occupation:	Address:		Phone:	(Hm)	(cell)	(wk)	
Referred by:Occupation:			E-Mail	Address:		DOB:	
Pregnant? Number of wks	City	State	Zip Code			month day	
Pregnant? Number of wks	Referred by:		Occupa	ation:	Sex:	MaleFemale	
Recent Surgery? If so, please explain:		Gene	ral Health Infor	mation (check	all medical conditions that apply	):	
Cardiac or circulatory problems?   Regular exercise routine   Skin lesions or inflammation. Please explain:   Diabetes?   Metal Implants?   Contact Lenses?   Claustrophobia?   Facial Clients:   Date of last of facial:   Regular sunbathing/ tanning   Skin cancer   Regular sunbathing/ tanning   Regular s	☐ High/Lo Blood P	ressure	in:	_		pressure in a specific area,	
Cardiac or circulatory problems?   Regular exercise routine   Skin lesions or inflammation. Please explain:   Diabetes?   Metal Implants?   Contact Lenses?   Claustrophobia?   Facial Clients:   Date of last of facial:   Regular sunbathing/ tanning   Skin cancer   Regular sunbathing/ tanning   Regular s	☐ Allergies, specify	 /:		-			
Contact Lenses?  Claustrophobia? Asthma? Date of last of facial:  Signature Smoker?  Trouble Steeping? Skin cancer  What challenges are you having with your skin?  Bruises  Tension or soreness in a specific area, please specify:  What challenges would you like to see in your skin today?  Please Read the following statement and sign where indicated:  I understand that if I experience any pain or discomfort during this session, I will immediately inform the practitioner. I understand that these practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. Nothing said in the course of my treatment should be construed as diagnosis. Because the service(s) arm receiving are being performed under certain medical conditions, I affirm that I have stated ill medical conditions, and answered all questions honestly. I agree to keep the practitioner updated to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for paymen of the scheduled appointment.  Date:  Consent of Treatment of a Minor:  By my signature below, I hereby authorize the staff of KaraSpa to provide massage, facial, and/or body treatments to my child.	<ul><li>□ Cardiac or circulatory problems?</li><li>□ Major Injuries within the past year?</li></ul>						
□ Claustrophobia? □ Asthma? □ Date of last of facial: □ Cigarette Smoker? □ Regular sunbathing/ tanning □ Skin cancer □ Regular sunbathing/ tanning □ Skin cancer □ Skin							
Asthma?				Facial Clie	nts:		
□ Trouble Sleeping? □ Prescribed Medications: □ Any other medical conditions that we should be aware of: □ Any other medical conditions that we should be aware of: □ Any other medical conditions that we should be aware of: □ Any other medical conditions that we should be aware of: □ Any other medical conditions that we should be aware of: □ Any other medical conditions that we should be aware of: □ Any other medical conditions that we should be aware of: □ Any other medical conditions that we should be aware of: □ Any other medical conditions that we should be aware What products are you currently using for your skincare? What changes would you like to see in your skin today? What changes would you like to see in your skin today? What changes would you like to see in your skin today?  Please Read the following statement and sign where indicated: I understand that if I experience any pain or discomfort during this session, I will immediately inform the practitioner. I understand that these practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. Nothing said in the course of my treatment should be construed as diagnosis. Because the service(s) am receiving are being performed under certain medical conditions, I affirm that I have stated all medical conditions, and answered all questions honestly. I agree to keep the practitioner updated to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for paymen of the scheduled appointment.    Signature	☐ Asthma?			Date of last	of facial:		
Prescribed   Medications:   Do you use any of the following?   Retin A Glycolic Acid Acutane   What products are you currently using for your skincare?   Massage and Body Treatment Clients:   Date of Last Massage:   What changes would you like to see in your skin today?   Varicose Veins   Tension or soreness in a specific area, please   Tension or soreness in a specific area not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. Nothing said in the course of my treatment should be construed as diagnosis. Because the service(s) am receiving are being performed under certain medical conditions, I affirm that I have stated all medical conditions, and answered all questions honestly. I agree to keep the practitioner updated to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for paymen of the scheduled appointment.  Date:					Regular sunbathing/ ta	nning	
Medications:    Any other medical conditions that we should be aware of:						aving with your skin?	
Massage and Body Treatment Clients:  Date of Last Massage:    Frequent headaches   What changes would you like to see in your skin today?	Medications:						
What products are you currently using for your skincare?    Massage and Body Treatment Clients:				Do	you use any of the follo	owing?	
Massage and Body Treatment Clients:  Date of Last Massage:  Frequent headaches  Varicose Veins  Bruises  Tension or soreness in a specific area, please specify:  Please Read the following statement and sign where indicated:  I understand that if I experience any pain or discomfort during this session, I will immediately inform the practitioner. I understand that these practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. Nothing said in the course of my treatment should be construed as diagnosis. Because the service(s) am receiving are being performed under certain medical conditions, I affirm that I have stated all medical conditions, and answered all questions honestly. I agree to keep the practitioner updated to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for paymen of the scheduled appointment.  Date:  Date:  Date:  Date:	01:						
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——————————————————————————————————————	Consent of Treatment of		the staff of KaraSpa to	o provide massa	ge, facial, and/or body tre	atments to my child.	
Signature of Parent or guardian  Date:			-				
	Signature of I	oarent or guardian	——— Dat	te:			