

## MEDICAL INTAKE AND CONSENT FORM

First Name: Last N	Name:
Address:	
City: State: Zip Coo	de: Gender: M  F
Telephone: Email:	
Are you at least 18 years of age? YES NO	
Please read and answer the questions that relate to your service(s) today:	
Have you ever had a professional massage?	YES NO How often?
Please circle pressure preference for massage?	LIGHT MEDIUM DEEP
Are you receiving care/medication for:	YES NO
1. ACNE HIGH BLOOD PRESSURE DIABETES EPILEPSY/SEIZURES CANCER OTHER	
2. If yes, please specify:	
Do you have cardio-vascular or circulation problems?	YES NO
Have you ever had an allergic or sensitive reaction to products?	YES NO
Are you pregnant?	YES NO How many months?
Have you experienced a recent injury, illness or inflammation	YES NO
1. If yes, please specify:	
Have you been diagnosed with nail fungus?	YES NO
Have you used:	
1. Retin A within the last 72 hours?	YES NO
2. Accutane?	YES NO
Please disclose any other important information:	
Would you like to enhance your massage or body treatment today:  *These deeply hydrating enhancements are perfect to reinforce the effectiveness of your treatment. Our Balms sooth and repair the skin from the intense Florida elements.  Ultra-hydrating Aromatherapy Body Balm \$15	
RELEASE AND CONSENT	
I agree to answer the Consultation questions asked before my service as thoroughly as possible and to follow the recommendations regarding post-service care to ensure the safety of my skin. I accept full responsibility for the service(s) I receive at <b>The Spa at Viceroy Miami</b> releasing them from liability for any possible outcomes.	
Signature:	
Parental signature for minors under 18	
WAIVER:  I decline to fill out this form and acknowledge that without the requested information The Spa at Viceroy Miami may decline to provide services.  Signature: Date:	