



CONSULTATION FORM

B: _____

M: _____

F: _____

Name: _____

Date: ____/____/____

Address: _____ City: _____

State: ____ Zip: _____

Email: _____

Phone: _____

Female Male Birthday: ____/____/____ How did you hear about us? _____

I would like to receive the informative monthly Osmosis newsletter yes no

Please check any of the following that apply to you in the last 2 years:

- Arthritis/tendinitis
- Blood clots
- Circulatory/heart problems
- High blood pressure
- Cancer
- Edema
- Auto-immune disease
- Stroke
- Diabetes
- Communicable diseases
- Bruise Easily
- Other _____

Please describe _____

Are there any conditions that you would like to share, in confidence, with your service providers? _____

Are you pregnant?_____ If so, how far along? _____

Please initial that you have read each statement:

___The Cedar Enzyme Bath is a high heat treatment and is not recommended for those who are pregnant, have high blood pressure or uncontrolled diabetes.

___If I experience pain, discomfort or overheating during the session, I will immediately inform my therapist so that my comfort level can be adjusted.

___I affirm that I have notified my therapist of all known medical conditions and injuries.

___I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge.

___In the event that I become injured either directly or indirectly as a result , in whole or in part, I hereby hold the therapist and Osmosis harmless and indemnify their principals, and agents from all claims and liability whatsoever.

___I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

___Massage, Cedar Enzyme Bath and Facials (including peels and waxing) should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly.

Cedar Enzyme Bath Guest - Complete this section if you are receiving a Cedar Enzyme Bath

Do you have high blood pressure or uncontrolled diabetes? _____

Do you have any allergies to Cedar, Douglas Fir, Rice Bran or Lavender? _____

Massage Guest - Complete this section if you are receiving a Massage

Are you currently under a physicians care for an acute or chronic illness? _____

Are you currently taking any prescribed medication? _____

Please list any recent injuries or surgeries within the past 2 years _____

Are you allergic to any oils, lotions or essential oil scents? _____

Facial Guest - Please fill out the additional form on the back of this page CONTINUED →

Client Signature: _____ Date: _____

Name: _____

Complete this section if you are receiving a Facial

Background

When was your last Facial? _____ Peel? _____ Waxing? _____

Circle any recent: *Chemical Peel Laser Microdermabrasion Electrolysis Facial Surgery or Injection Sunburn*

Circle any that apply: *Contacts Cancer Claustrophobic Heart Condition Diabetes Cold Sore*

Do you have any allergies or sensitivities? no yes: _____

Do you take any medications? no yes: _____

Do you use any topical or oral acne products? no yes: _____

Do you use any glycolics, retinols, or AHAs? no yes: _____

Condition of Skin

How would you describe the texture of your skin? Oily Dry Combination *Details:* _____

Do you experience frequent breakouts? no yes *Details:* _____

Check any concerns: Wrinkles Firmness Dullness Hyperpigmentation Sun Damage Uneven Skin Tone

Dry Oily Breakouts Clogged Pores Large Pores Sensitivity Redness Rosacea Broken Capillaries

| | |
|------------------------|--|
| | <input type="checkbox"/> Bath & Massage Info Entered |
| | <input type="checkbox"/> Facial Info Entered |
| | <input type="checkbox"/> Contact Info Entered |
| Bath Notes: | |
| Massage Notes: | |
| Facial Notes: | |
| For Internal Use Only: | |