



House of Beauty Salon & Spa

Client Questionnaire

First _____ Last _____ Date _____

Address _____ City _____ State _____

Your E-Mail _____ Zip _____

Mobile _____ Home _____ Work _____

How did you find us? _____ Birthday (Month & Day) _____

Are you married? _____ Anniversary Date _____

Spouse E-Mail _____

What would you like to achieve from your treatment today? _____

Massage Questions: Have you ever had a massage _____ When: _____

Massage preference (firm or light) _____ Do you see a Chiropractor? _____

How often? _____ Are you currently or within the last year under any doctors care?
 _____ Explain _____

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

Please list any conditions that you have and explain _____

_____ Do you wear a pace maker? _____

Are you currently taking any medication? _____ If so, pls. list _____

Do you have any metal implants? _____ Do you have any allergies? _____

Pls. list them _____

Is there a particular area of the body where you are experiencing tension, pain or other
 discomforts? _____ If yes, please identify _____

Do you have any goals in mind for this massage? _____ Explain _____

Facial Questions: Have you ever had a facial? _____ When: _____

What products do you currently use on your skin _____

Are you using Glycolic, Retin-A, Renova, Adapalene, Hydroxyl Acid or Retinol/Vitamin A
 derivative or any other acid product on your face? _____ Product _____

Have you had a peel or microdermabrasion done recently? _____ When: _____

Do you have any skin concerns or issues? _____

Please read carefully and sign below.

I am of 18 years of age or over and understand that the service (s) I receive here are voluntary. I accept full responsibility for receipt of service (s) and release and discharge technician and House of Beauty Salon & Spa from any and all claims, liabilities, damages, actions or causes of action arising from the service (s) received hereunder, including, without limitation, any damages arising from acts of active or passive negligence on the part of the practitioner, to the fullest extent allowed by law. I agree to pay the amount stated on the service ticket/menu and agreed to between me and the House of Beauty technician. I understand that once the service is completed and paid for, House of Beauty does not offer any refunds. If I experience any pain or discomfort during my service (s), I will immediately inform my practitioner. I affirm that I have stated all my known medical conditions, & answered all questions honestly. I agree to keep my practitioner updated as to any changes in my medical profile & understand that there shall be no liability on the practitioner's part should I forget to do so. I understand 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 full payment of the service (s). I understand that should I cancel an appointment in less than 24 hrs. before the scheduled time, I will pay a \$25 cancellation fee. If I fail to cancel or "no show" my appointment, I agree to pay the full amount of the service that was booked and if the appointment was booked under a gift certificate, it will be voided completely, in lieu of the fee.

Signature _____ Date: _____

NOTE: An informed written consent must be provided and signed by parent or legal guardian for any client under the age of 18 before services can be rendered.

NOTE: Unclothed body will be draped at all times for warmth, sense of security, and as a mark of massage therapy professionalism