

# Tranquility Spa & Massage

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Are you here for: Spa Treatment  Waxing  Microdermabrasion

**Please fill out for SPA TREATMENT:**

Skin Type: Normal/Dry Normal/Oily Combination Sensitive Acne Mature  
 Have you ever been prescribed Accutane? Yes No  
 Are you currently pregnant? Yes No  
 Do you have any sores on your body we should avoid? Yes No If so, where? \_\_\_\_\_  
 Are you currently taking any medication? Yes No Please list: \_\_\_\_\_

**Current Conditions:**

- |                                     |                                       |  |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Anemia     | <input type="checkbox"/> Blood Clots  | <input type="checkbox"/> Herpes                  |
| <input type="checkbox"/> Anxiety    | <input type="checkbox"/> Cancer/Tumor | <input type="checkbox"/> High/Low Blood Pressure |
| <input type="checkbox"/> AIDS (HIV) | <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Stroke                  |
| <input type="checkbox"/> Arthritis  | <input type="checkbox"/> Depression   | <input type="checkbox"/> Varicose Veins          |
| <input type="checkbox"/> Asthma     | <input type="checkbox"/> Epilepsy     |  |

**Please fill out for WAXING:**

Have you had past reactions to waxing? Yes No If so, what were they? \_\_\_\_\_  
 Are you taking prescribed medications for acne? Yes No If so, which? \_\_\_\_\_  
 You must be off the following medications prior to waxing: **Accutane (for at least 90 days), and the following for 5-7 days: Retin-A, Renova, Metrogel, Differin, Tazorec, Plexion, Obagi.**

**Please fill out for MICRODERMABRASION:**

I have been advised to avoid or discontinue the following for five (5) days prior to treatment: Botox injections, Collagen injections, Retin-A, Renova, and all retinoic products, glycolic, and alpha beta products.

I have been advised that sunscreen must be used from the first date of my treatment and continued thereafter.

The following are NOT treatable with microdermabrasion: impetigo, eczema, herpes, distended capillaries, dermatitis, lesions, and sunburn.

I acknowledge that no guarantee has been given to me as to the number of months my results will last.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Service: _____	Esthetician: _____	Service: _____	Esthetician: _____
Service: _____	Esthetician: _____	Service: _____	Esthetician: _____
Service: _____	Esthetician: _____	Service: _____	Esthetician: _____
Service: _____	Esthetician: _____	Service: _____	Esthetician: _____