



Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

May your service provider call you by your first name?  YES  NO \_\_\_\_\_

Is this your first Spa/Salon Service ever?  YES  NO

What are your goals for this treatment? \_\_\_\_\_

Have you ever had a negative reaction to any skin care product? If yes, please explain:  
\_\_\_\_\_

Do you have any open wounds?  YES  NO Please describe: \_\_\_\_\_  
\_\_\_\_\_

Are you pregnant?  YES  NO Number of weeks: \_\_\_\_\_

Are you wearing contact lenses?  YES  NO Do you have any allergies?  YES  NO

Please describe any allergies: \_\_\_\_\_

**If you are receiving a Massage or Body Treatment:**

DO YOU HAVE OR HAVE YOU HAD?

Any numbness or stabbing pains .....  YES  NO

High blood pressure – Are you currently taking medication? .....  YES  NO

Asthma .....  YES  NO

Claustrophobia .....  YES  NO

Any injuries to the lymphatic system .....  YES  NO

Broken bones in the past two years .....  YES  NO

Do you have any infections or fever .....  YES  NO

Congestive heart failure, CHF or other cardiac problems .....  YES  NO

If you answered YES to any of the above, please describe: \_\_\_\_\_  
\_\_\_\_\_

**If you are receiving a Facial:**

ARE YOU ON ANY OF THE FOLLOWING MEDICATIONS?

Accutane .....  YES  NO

Retinal .....  YES  NO

Do you have any skin conditions or breakouts you are concerned about?  YES  NO

Please describe: \_\_\_\_\_

**If you are receiving a Salon Service (Pedicure or Manicure):**

DO YOU HAVE?

Diabetes .....  YES  NO

Any discolorations in your nails .....  YES  NO

If yes, please consult with your Nail Technician.

Certain services may not be able to be performed do to State Laws and Regulations.

Do you have any other diseases/chronic conditions?  YES  NO

If yes, please describe: \_\_\_\_\_

Please list any additional comments regarding your skin care or general well-being:



## CLIENT CONSENT FORM

I, \_\_\_\_\_,  
understand that spa and salon services provided by  
Calladora Spa are intended to enhance relaxation,  
reduce pain caused by muscle tension, increase range of  
motion, improve circulation and offer a positive experience  
of touch.

I am aware that the technician does not diagnose  
illness or disease, and does not prescribe medications.  
I am also aware that spinal manipulations are not part of  
massage therapy.

I will inform the technician of all my known physical  
conditions, medical conditions and medications, and  
I will keep the technician updated on any changes.  
I understand that Calladora Spa is not responsible for any  
injuries or illness that may be caused because of withheld  
information.

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Date