

Pavitra

Organic Day Spa

Consent Form

Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <i>Last</i> <i>First</i> <i>M</i> </div>	DOB ____/____/____ <div style="text-align: center; font-size: small; margin-top: -10px;"><i>mm/dd/yyyy</i></div>
Address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <i>Street</i> <i>City</i> <i>ST</i> <i>Zip</i> </div>	
Ph () _____	email _____
DO YOU HAVE ANY HEALTH PROBLEMS? (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Heart Problems <input type="checkbox"/> Hormonal Problems <input type="checkbox"/> High/Low Blood Pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> Skin Cancer <input type="checkbox"/> Allergies	
Please list any allergies _____	

	Yes	No
1. Are You Pregnant or Lactating? <i>If so, how far along</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any implants? <i>Pacemaker, pins in bones, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any spinal injuries? <i>If yes, please explain</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have psoriasis?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any recent surgeries? <i>If yes, please explain</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you on any medication? <i>If so, which ones</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
7. When was your last facial? _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have rosacea? _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you get cold sores/fever blisters on face/lips?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you wear contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you taking Accutane?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you using Retinoids? <i>If so, which ones</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you using topical medications? <i>If so, which ones</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

14. Are you using exfoliating acids?
If so, which ones _____

15. Have you had an adverse reaction to a product?
If so, what product or ingredient gave you the reaction?

16. Have you had treatment from a dermatologist?
If so, for what condition(s)

17. What products/brands are you currently using?

Cleanser: _____

Soap Gel Cream/Milky Other _____

Toner/Astringent _____

Facial Scrubs _____

Sunscreen _____ SPF# _____

Are you happy with the results? _____

Describe your history of sun exposure _____

18. How do you want to improve your skin? Please list specific areas you want to treat.
Face, Neck, Chest, Hands, Other.

20. Allergies to : Lavender Aloe Vera Shea Butter

21. Is there anything else you would like us to be aware of?

Please take a moment to carefully review the information you have provided. If you have a specific medical condition or specific symptoms, certain esthetic and massage treatments may be contraindicated and a referral from your primary care physician will be required prior to services being rendered. I, the undersigned, understand that the services I am receiving are for the basic purpose of relaxation. *Pavitra Organic Day Spa* does not offer breast massage and always uses draping. If I experience any discomfort during the session, I will immediately inform the esthetician or massage therapist. Because some procedures relating to skincare such as peels, body treatments and wraps, as well as massage, should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all the questions honestly. I agree to keep the esthetician and massage therapist updated as to any changes in my medical profile and understand that there shall be no liability on the esthetician's or massage therapist's part should I fail to do so. I am authorizing *Pavitra Organic Day Spa* and the esthetician and/or massage therapist to perform facial services/body wraps, waxing and massage therapy. I relieve *Pavitra Organic Day Spa* from any liability resulting from and adverse reaction to any of the services or products provided.

Client Printed Name _____ Date _____

Client Signature _____ Date _____

Therapist's Signature _____ Date _____