



First: _____ Middle: _____ Last: _____ Date: _____
Which of the following concerns you about your body? Please circle all that apply.

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____
Sun Damaged Skin Brown Spots Dry Skin Cellulite Leg Veins

Work Phone: _____ Unwanted Hair Wrinkles Date of Birth: _____ Thin Lips Smile Lines Age: _____

Occupation: _____ Primary Care Physician: _____
Muscular Discomfort Unwanted Fat Hyperhydrosis Acne

Shoe Size: _____

Email: _____ (Your email is kept confidential. It is only used to send monthly E-Newsletter with discounts, upcoming events, and special promotions at Still Waters)

Emergency Contact's Name and Phone Number: _____ # _____

How did you hear about us? TV/ Radio/ Internet/ Newspaper Other: _____

If a client referred you, please tell us who so we may send them a special reward!! (This does not apply to gift certificate purchases or redemptions) Client's Name: _____

Allergies to Medications? _____ Current Medications _____

Other Allergies? _____

Health History

Please check if you have any of the following:

Skin

- ____ Athlete's Foot _____
- ____ Skin/Toe Nail Fungus _____
- ____ Rashes _____
- ____ Warts _____
- ____ Boil/Abscesses _____
- ____ Eczema _____
- ____ Bruise easily/Keloid _____
- ____ Skin Cancers _____

- ____ Sciatica _____
- ____ MS _____
- ____ Anxiety _____
- ____ Cancer/Tumors _____
- ____ Diabetes _____
- ____ Hepatitis A, B, C _____
- ____ Auto Immune Disorders _____
- ____ HIV/AIDS _____

Other

- ____ Osteoporosis _____
- ____ Fibromyalgia _____
- ____ Muscular Pain/Joint Pain _____
- ____ Headaches _____
- ____ TMJ _____
- ____ Cardiovascular _____
- ____ Hyper/Hypo-tension _____
- ____ Blood Clots _____
- ____ Varicose Veins/Spider Veins _____
- ____ Seizures/Epilepsy _____

Circulatory

Nervous System

- ____ Pinched Nerves _____
- ____ Herpes/Shingles _____
- ____ Cold Sores/Fever Blister _____
- ____ Numbness/Tingling _____

Muscular-Skeletal

- ____ Disc Injuries/Spinal Problems _____
- ____ Bone Joint Disease/Injury _____
- ____ Arthritis _____

- ____ Circulation Problems _____
- ____ Pacemaker _____
- ____ Asthma _____

Are you Pregnant? YES NO Expected Date: __/__/__ Are you nursing? YES NO

Has your physician deemed this pregnancy high risk? YES

NO

Skin Type

Do you use Retnoids? (Retin A, Tazovac, Differin, Retenal, Etc) _____

Have you ever been on Accutane? YES NO if so when? _____

Do you have any tattoos or permanent makeup? _____
Have you had any of the following? : (Please Circle) _____

When have you last tanned your skin? (Sun or Tanning Bed) _____ **Self Tanned?** _____
Chemical Peel Laser Treatments Botox Filler HydraFacial Microderm

Check if you are interested in any of the following:
Permanent Make Up

- Botox Laser Hair Removal Chemical Peels Kybella Sculptra
- Fillers Skin Tightening Body Contouring Dermaplaning HydraFacial
- Micro Needling Photo Rejuvenation Laser Vein Removal Skin Tag Removal
- Hair Loss Treatment Fungus Treatment Rosacea Treatment Fraxel

For Massage

What is your preferred pressure? (Your therapist will also discuss this with you)

Light Medium Firm Very Firm/ Myofascial

The spa reserves the right to recommend that you reschedule a treatment or even refuse service at the technician's discretion if you have certain conditions, including intoxication that are contraindicated for skin and body services. Still Water's employees have the right to refuse and or stop a treatment if the clients conduct themselves inappropriately in our place of business. I also herby authorize Still Waters' employees to have full access to my client files for the purpose of accessing and performing the most effective and proper services for me.

Signature _____ **Date** _____

