

禅 Zen Body & Skin Questionnaire

Name:	Zip Code:
Email Address:	Would you like to receive specials via email from Zen Body & Skin? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #:	Date of Birth (Month & Day)
How did you hear about Zen Body & Skin?	
<u>General Health</u>	
Please list any medications (prescription or over the counter) _____	
Are you currently seeing a healthcare professional for any reason? Yes No If yes, please explain: _____	
Do you have any recent injuries or surgeries? Yes No If yes, please explain : _____	
Please list any known allergies, including foods, medications, environmental, etc _____	
Are you pregnant or nursing? Yes No	
Please list any additional concerns or health issues: _____	
<u>For Massage Therapy</u>	
Preferred Pressure: (circle one) Light relaxation Medium to Firm Deep	
Would you like any of the following enhancements (circle all that apply) : Deep Tissue Hot Stone Warm Bamboo Aromatherapy Bellabaci Cupping Massage Dry Brushing Cold Stone Facial Massage Anti-aging facial Massage	
Areas you want special attention to: _____	
Areas to avoid: _____	
Please include in my therapy session at no additional charge(circle all that apply): Facial Massage Scalp Massage Abdominal Massage	
Have you ever had a joint dislocation? Yes No If yes which joint(s) _____	
Do you have any? (circle all that apply) Open cuts or wounds Bruises Infections	
If yes, please make note of where _____	
<u>For Skin Treatments</u>	
Skin Type: Oily Combination Dry Normal Sensitive	
Skin Concerns: (circle all that apply) Acne Blackheads Dehydration Dry patches Loss in elasticity Fine lines/wrinkles Hyper-pigmentation Uneven skin texture Sun damage Eczema Psoriasis Rosacea Broken Capillaries Rash Other _____	
Would you like extractions (removal of blackheads) included in your facial? Yes No	
If applicable list any doctor prescribed skin care products: _____	
What brand of at home skin care are you currently using? _____	
Are you currently satisfied with your skin care products? Yes No	
Please list any skin procedures you've has in the last 30 days (i.e. Facials, Chemical peels, laser, Microdermabrasion, photofacials, etc) _____	
I am interested in the following enhancements (circle all that apply) Chemical Peel Dermafile Diamond Exfoliation LED Light Therapy Gua Sha Facial Cupping Ultrasonic Facials Lip Treatment Eye Treatment Cold Stone Facial Massage	

For LED Light Therapy

Have you ever experienced an epileptic seizure? Yes No

For Ultrasonic Facials

Do you have any of the following: (check all that apply)

___ Pacemaker ___ Tumor(s) ___ Metal Implants

For Waxing

Have you ever received a waxing service before? Yes No **If yes, please list any side affects you experienced, if any:** _____

Do you take any of the following or use products containing the following? (Please circle)

Accutane Retin-A Glycolic Acid Lactic Acid Hydroquinone Tetracycline Tenova
Salicylic Acid Topical Cortisone Beta or Hydroxy Acids

Please list any skin procedures you've had in the last 30 days (i.e. Facials, Chemical peels, laser, Microdermabrasion, photofacials, etc) _____

Do you Tan? (indoor or outdoor) Yes No

_____ Initials **I understand waxing may result in trauma and/or reactions (scabbing, redness, bruising, pimples and skin removal) and I am accepting responsibility to my skin's reaction.**

For Aromatherapy

Goal for aromatherapy: (circle one) Relaxation/Stress reduction Increase in energy
Immune boosting Increase metabolism/weight loss/detoxify Reduce Pain Other _____

Specific organ or condition you would like to target: _____

Scents you are drawn to: (circle one) Citrus Floral Spices Earthy Other _____

List any scents (if any) you do NOT like: _____

Please note for some health conditions (i.e hypertension, epilepsy) certain essential oils are not recommended. Please make sure to notify your massage therapist of any health concerns.

Please read the following information and sign below:

I certify that the above information is true to the best of my knowledge. By signing this claim I waive any claims, actions, damages and liabilities against Zen Body & Skin, LLC relating to skin care services and allergic reactions to any products or services and including injuries or complications from massage therapy.

Signature of Client or Legal Guardian _____ Date _____

Print Name _____

Office Notes:

