CELADON intake form

| firs | st name: | m.i | last name: | date: |
|--|--|--|--|--|
| ph | one # work: | | phone # home: | |
| ho | w did you hear of us? | | referred by: | |
| ma | ailing address: | | | |
| city | y: | | state: | zip: |
| em | nail address: | | birth date: mo | onth day |
| | e following information is neede pt as confidential. | ed to ensure your | well-being while you are being treated at Cela | adon. All information will be |
| | Are you currently taking any prescrinat might affect your skin. | iption or non-preso | cription medication? Please list these and include | e any topical medications |
| | | | ne, Avage or Tazorac in the last 6 months? (Plea on with particular ingredients or treatment such as | |
| 3.Ի | Have you had an allergic reaction t | o any skin care pr | oducts or treatments in the past? (Please explain | n) |
| 4.A | Are you currently pregnant, breastf | eeding or have yo | u recently given birth? | |
| | | | d possible contraindications, please list all health nosed or prescribed within the last three years. | n issues including surgeries, |
| 6.V | What is your primary goal for your | reatment today? | | |
| —- 7.Р | Please check any particular conce | rns that apply so w | ve can tailor your treatment for you: | |
| ski | incare / facials: | mass | age / body treatments: | |
| | dryness clogged pores | | muscle tension / tightness (areas to target _ dry skin |) |
| | sensitivity | | cellulite | |
| | fines lines / wrinkles | | poor circulation / water retention | |
| | acne / breakouts sun damage / hyperpigmentai | on. | other | |
| | other | JII | | |
| 8. <i>A</i> | Are there any areas of your face o | r body you would li | ike to avoid treating during your treatment? | |
| street beg their mass your The Spa state age | etching, deep tissue massage, pressugins, your massage therapist will constrapist will in no case massage the gerssage therapist will undrape the areaur massage therapist know and he or set undersigned acknowledges and agrainvolve risks and I assume all risks attus. On behalf of myself and my heirsents, landlords, representatives, succeessing with the sents and last to the sents. | re points, reflexology ult with you regarding ital area or the femal to be worked on and she will end your massessiated therewith a lereby release and essors and assigns from the with a state of the s | s that may include: Swedish massage, effleurage and a control of the state of the s | fore your massage treatment avoid. A Celadon massage ring all massage services. Your ortable for any reason, please let be a Services") offered by Celadon tion regarding my current health uployees, directors, officers, lating to the Spa Services, in- |

_____signature: ___

client name: _

____ date: ____