AME salon and spa

Name: _____ Date: _____

Occupation: _____ Date of Birth: _____ / _____ /_____

Have you had spa treatments before? ☐ Yes ☐ No If so where? _____

Massage Clients: Are you at least 18 years of age? (Clients under the age of 18 cannot be serviced without parent in the room during time of service) ☐ Yes ☐ No

Female guests: Are you pregnant? ☐ Yes ☐ No If yes, how many weeks? _____

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

☐ Varicose Veins
☐ Blood Clots
☐ Phlebitis
☐ Arthritis
☐ Asthma
☐ Diabetes
☐ Heart Conditions
☐ Seizures
☐ Thyroid
☐ Allergies to ingredients Describe: _____
☐ Skin Conditions Describe: _____
☐ High Blood Pressure Are you currently taking medication to control it? ☐ Yes ☐ No
☐ Cancer If yes, have you been released by your physician to receive massage? ☐ Yes ☐ No
Any other medical concerns not listed above? _____

Are you currently using any of the following:

☐ Retin-A ☐ Alpha-Beta acids ☐ Accutane ☐ Botox
☐ Microdermabrasion ☐ AHA professional peels ☐ Injectable Fillers
☐ IPL ☐ Hydroquinone ☐ TCA

Are you on any prescription MEDICATION?_____ If yes, what?_____

I release AME and its employees from all claims arising out of the performance of any service or reactions that may occur. I understand that it is my responsibility to notify my technician of any changes in my health or medical history.

Signature: _____ Date: _____

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