



Allergies: _____

Body Scrub Intake Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone number: _____ Would you like to receive confirmation text messages or emails?

Email: _____ (circle one) Text Email Both

Occupation: _____

In case of emergency, contact: _____ # _____

Relation: _____

How were you referred to Evolve? _____

Have you ever experienced a scrub before? **Yes No**

If yes, when was your last scrub? _____

Health History

Take a moment to answer the following questions about your health history. Your therapist will discuss in detail your health information to decide what type of session is best fitted for your unique health profile. Please be as honest as possible. Be assured this information is completely confidential.

If you answer "yes" to any of the following questions, please explain as clearly as possible.

Do you frequently suffer from stress?	Yes No	Do you have any contagious diseases?	Yes No
Do you have diabetes?	Yes No	Do you have osteoporosis?	Yes No
Do you experience frequent headaches?	Yes No	Do you bruise easily?	Yes No
Are you pregnant?	Yes No	Do you have cardiac or circulatory problems?	Yes No
Do you have high blood pressure?	Yes No	Do you suffer from back pain?	Yes No
Are you taking high blood pressure medication?	Yes No	Do you have any numbness or stabbing pain?	Yes No
Do you suffer from epilepsy or seizures?	Yes No	Are you sensitive to touch or pressure in any area?	Yes No
Do you have varicose veins?	Yes No		

Do you have any allergies? **Yes No**

If yes, please list them all:

Please list any medical conditions you have been diagnosed with, and any medical prescriptions, vitamins, or supplements.

Have you had any injuries/accidents/surgeries in the past two (2) years? Yes No

If yes, please give a description and dates:

Client Consent

- I understand that the body scrub that I receive is provided for the basic purpose of relaxation and exfoliation of dead skin cells. I understand that the exfoliation of dead skin cells is an abrasive procedure; if I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure may be adjusted to my level of comfort.
- I understand that my practitioner does not diagnose conditions, nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with that treatment of a licensed medical professional. I understand that a body scrub does not take the place of medical care. It is recommended that I see a licensed physician or licensed healthcare professional for any physical or psychological ailment I may have.
- I understand that for my privacy, towel(s) will be provided to cover the breast and pelvic areas.
- I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.
- I affirm that I have stated all of my known medical conditions, medications, and answered all questions accurately and honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

Consent to Treatment of Minor:

By my signature below, I hereby authorize Evolve Massage & Wellness Center, LLC to administer reiki techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian: _____ Date: _____