



LakeView Spa Client Intake Form

Full Name: _____

Phone: _____ Birthdate: _____

Have you had a professional massage before? Y N

Do you have any health issues, medications, joint difficulty or injuries we need to be aware of? Y N
If yes, please specify:

Do you have any allergies we need to be aware of? Y N
If yes, please specify:

Are you pregnant or trying to become pregnant? Y N

Trimester: _____

Have you had a professional facial before? Y N

Do you use Renta-A? Y N

Are you taking Isotretinon (Accutane)? Y N

Current skin type (check all that apply):

Dry Oily Combination

Do you have environmental or chemical sensitivities we need to be aware of? Y N
If yes, please specify:

I understand that LakeView Spa therapists do not diagnose illness, disease, or any other physical or mental disorder. As such, the therapists do not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. It has been made very clear to me that massage therapy is not a substitute for medical examinations and or diagnosis and that it is recommended that I see a physician for any physical ailment(s) that I might have.

Because LakeView Spa therapists must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the LakeView Spa therapist updated on my physical health.

Signature: _____

Date: _____