

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age: Between 20-30 \_\_\_ 31-40 \_\_\_ 41-50 \_\_\_ 51-60 \_\_\_ 61+ yrs. \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you hear of Tranquility Spa? \_\_\_\_\_

<b>MEDICAL HISTORY</b>
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ARE YOU PREGNANT? \_\_\_ If so, how many weeks? \_\_\_\_\_

Heart Condition \_\_\_\_\_ Ulcers \_\_\_\_\_

Blood Pressure: High \_\_\_\_\_ Low \_\_\_\_\_ Normal \_\_\_\_\_

Back Surgery \_\_\_\_\_ Disk Problems \_\_\_\_\_

Inflammations \_\_\_\_\_ Recent Injuries \_\_\_\_\_

Varicose Veins \_\_\_\_\_ Painful/Tender Areas \_\_\_\_\_

Phlebitis \_\_\_\_\_ Allergies to Products or Scents \_\_\_\_\_ Plantar Warts \_\_\_\_\_

Have you ever dislocated your shoulder? \_\_\_ If so when? \_\_\_\_\_

Cancer \_\_\_\_\_ If yes, are you currently being treated? \_\_\_\_\_

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Are you currently using Accutane, Retin A, Renova, Adapalene or any other prescription skin products? \_\_\_\_\_

Have you had Botox or Restalyne in the last 3 to 6 months? \_\_\_\_\_

Have you ever had chemical peels, microdermabrasion or any skin resurfacing treatments? \_\_\_\_\_

Are you currently under a dermatologist or other physician's care? \_\_\_\_\_

Do you have metal implants or a pacemaker? \_\_\_\_\_

Have you had a Massage \_\_\_\_\_ or Facial \_\_\_\_\_ before?

Please note any other information about your medical history below:

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Please Sign: \_\_\_\_\_