

# Renu Day Spa

617 Central Ave.

Deerfield, IL 60015

In order to maximize the effectiveness and safety of our session together, we ask that you take the time to fill out the questions below. If you have been here before and your condition has not changed, please check the box at the bottom and sign.

## GENERAL AND MEDICAL INFORMATION FOR MASSAGE, MANICURE & PEDICURE;

Skin Infection <input type="checkbox"/>	Open Wounds <input type="checkbox"/>	Heart Condition <input type="checkbox"/>	Arthritis <input type="checkbox"/>
Dry Skin <input type="checkbox"/>	Athlete's Foot <input type="checkbox"/>	Thyroid Condition <input type="checkbox"/>	Psoriasis <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Allergies <input type="checkbox"/>	Asthma <input type="checkbox"/>	Cancer <input type="checkbox"/>
Spinal Condition <input type="checkbox"/>	Blood Thinning Medication <input type="checkbox"/>	Back Injury <input type="checkbox"/>	Blood Pressure <input type="checkbox"/>
Fungus <input type="checkbox"/>	Varicose Veins <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Contagious Pathogens (Flu, TB, Skin Rash, etc.) <input type="checkbox"/>

Pregnant? How Far Along?: \_\_\_\_\_ Other/Comment: \_\_\_\_\_

Certain medical conditions are inherently unsafe for massage therapy and manicure/pedicure. I am aware that if I have one of these conditions, Renu Day Spa may refuse to treat me on the grounds that it would adversely affect my health, well-being and safety. I understand that massage therapy is a complement to and not a substitute for professional medical care.

I confirm to the best of my knowledge that I have not withheld any information that may be relevant to the service performed. All massages are non-sexual. I understand that if I should act inappropriately at any time during an appointment, the service will be terminated and I will be liable for full payment of the appointment.

I have the right to inform the massage therapist/receptionist of any limitations regarding any area of my body that I feel uncomfortable being party of my massage therapy and to have this decision respected.

I have the right to choose the gender of my massage therapist, however I understand that due to Scheduling limitations this may mean that will have to wait to schedule until a time when a therapist of my choice becomes available. Should I feel uncomfortable with my assigned therapist at any point within the first ten (10) minutes of service, I have the right to inform Renu Day Spa of my feelings, and I will be entitled to a new massage therapist and the full time of my scheduled massage.

**Since my last service on \_\_\_\_\_ I certify that my health condition has not changed.**

My signature below constitutes my acknowledgement that I have read and agree to the terms & conditions of Renu Day Spa, and that I consent to undergo the proposed service. I hereby voluntarily release the establishment, its agents of any claims that I have or may have in the future in connection with the informed service.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

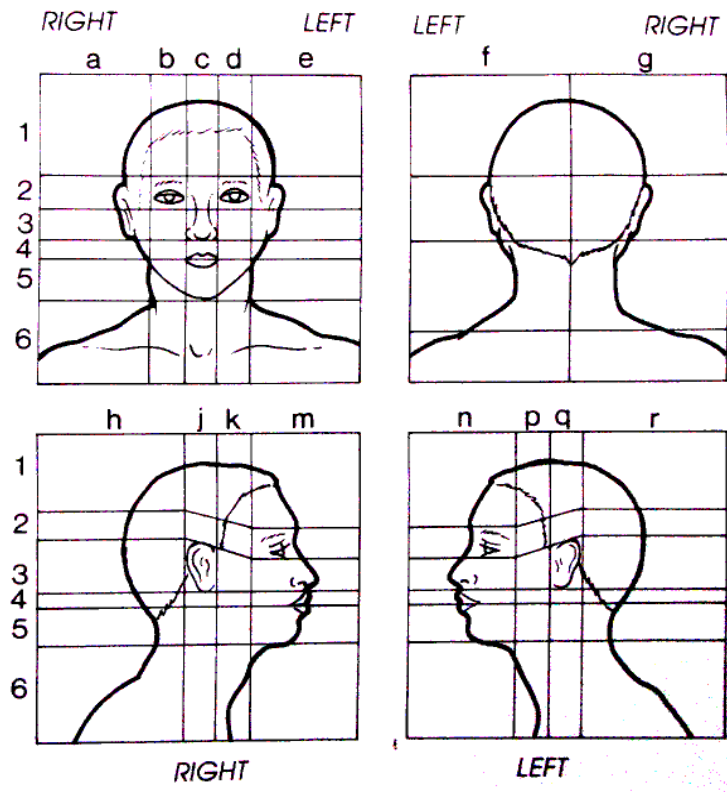
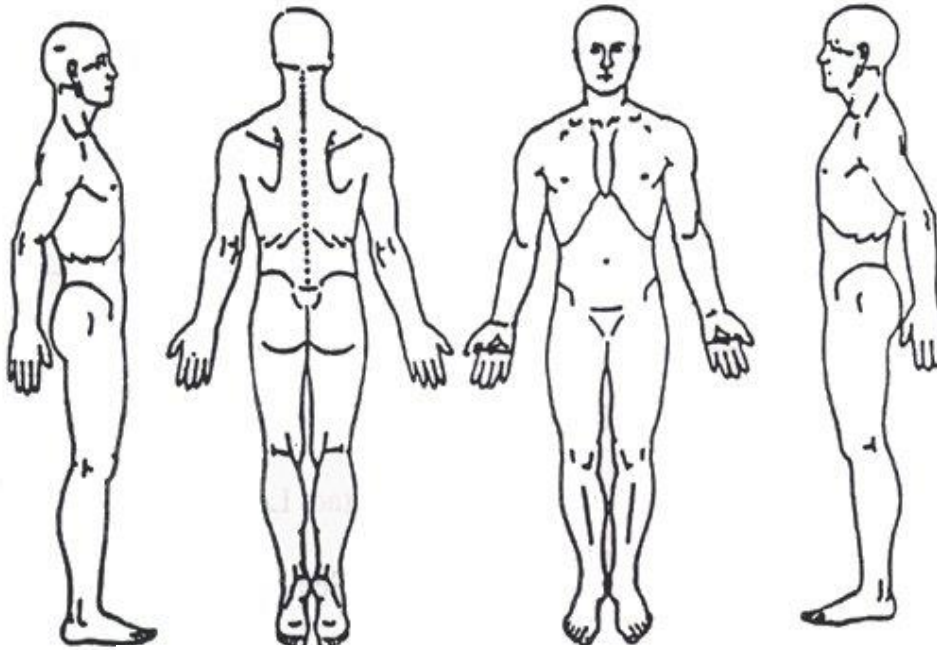
Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PAIN RECORE**

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ DATE \_\_\_\_\_

**MAJOR PROBLEM TODAY:**

WITH PEN OR PENCIL, PLEASE COLOR THE AREAS WHERE YOU'VE EXPERIENCED PAIN LATELY:



**Colour in RED - where pain worst**  
**Colour in BLUE - where pain less severe**