

**Client Information**

Client Name:

Esthetician to complete:  1st  2nd  3rd  
 Did you review the  4th  5th  6th  
 Health History from with  7th  8th  9th  
 client? If yes, check  10th  11th  12th  
 here

**General Health History**

The massage you are about to receive is not considered a therapeutic massage. Swedish relaxation massage is only intended to relax muscle tissue. We do not try to diagnose a medical condition, prescribe medical treatments, or treat specific conditions. The following questions pertaining to your overall state of health are nonetheless necessary as any manipulation of body tissue will have some consequences and in certain circumstances even the slightest manipulation is considered inadvisable.

**It is recommended that all clients who receive a massage drink at least 8 glasses of water afterwards to help flush out any toxins that have been released within the body as well to not engage in strenuous activities. If at any time this massage becomes inadvisable it will be discontinued.**

The following is a list of **contraindications** to receiving a body massage which will make this massage appointment inadvisable or may results in certain body areas not being massaged. Please indicate if any are applicable to you. Your Practitioner will review with you.

	<b>Y</b>	<b>N</b>	<b>Comments</b>
Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Suspicious Growths/Moles	<input type="checkbox"/>	<input type="checkbox"/>	
Open Wounds and Bruises	<input type="checkbox"/>	<input type="checkbox"/>	

**Special Conditions / Concerns:**

**After Care and Recommendations**

**Esthetician review and check each point to ensure client understands these recommendations**

	<b>Y</b>	<b>N</b>
Drink plenty of water or herbal tea to flush out toxins	<input type="checkbox"/>	<input type="checkbox"/>
Avoid heavy or spicy foods following the treatment	<input type="checkbox"/>	<input type="checkbox"/>
Eat a light meal instead with plenty of fresh vegetables	<input type="checkbox"/>	<input type="checkbox"/>
Avoid stimulants like alcohol, tobacco and caffeine for 24 hrs	<input type="checkbox"/>	<input type="checkbox"/>
Rest as much as possible	<input type="checkbox"/>	<input type="checkbox"/>
You may experience short lived flu-like symptoms, tiredness, headache or fatigue	<input type="checkbox"/>	<input type="checkbox"/>
You may also experience a heightened emotional state	<input type="checkbox"/>	<input type="checkbox"/>
If Essential Oils were used avoid showering to ensure maximum benefit from penetration of the oils	<input type="checkbox"/>	<input type="checkbox"/>
Also, if Essential Oils were used avoid direct sunlight and sunbeds to avoid skin sensitivity	<input type="checkbox"/>	<input type="checkbox"/>
If you have an concerns please do not hesitate to contact me	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Comments:**

**Acknowledgement**

I, the undersigned, have accurately filled out the above consultation bringing attention to any specific conditions or concerns. I understand the reason for this and I am aware that all discussions are confidential. I agree not to hold the practitioner or any associated party responsible for any problems occurring after my treatment based on misinformation or lack of information I have given.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Esthetician Name(Print): \_\_\_\_\_ Date: \_\_\_\_\_

**Client Follow-up Sessions**

2nd Esthetician Name (Print):	Date Reviewed:	Comments:	Client Initials:
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3rd Esthetician Name (Print):	Date Reviewed:	Comments:	Client Initials:
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4th Esthetician Name (Print):	Date Reviewed:	Comments:	Client Initials:
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5th Esthetician Name (Print):	Date Reviewed:	Comments:	Client Initials:
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6th Esthetician Name (Print):	Date Reviewed:	Comments:	Client Initials:
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7th Esthetician Name (Print):	Date Reviewed:	Comments:	Client Initials:
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8th Esthetician Name (Print):	Date Reviewed:	Comments:	Client Initials:
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9th Esthetician Name (Print):	Date Reviewed:	Comments:	Client Initials:
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10th Esthetician Name (Print):	Date Reviewed:	Comments:	Client Initials:
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11th Esthetician Name (Print):	Date Reviewed:	Comments:	Client Initials:
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12th Esthetician Name (Print):	Date Reviewed:	Comments:	Client Initials:
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