

Skin Care / Body Treatment Form – Stone House Inn & Spa

name: _____ date: _____

street address: _____

city, state and zip code: _____

phone: _____ (primary) _____ (cell) birthday: _____ (mm/dd)

Do you wear contact lenses? _____ yes _____ no

Have you ever had an adverse reaction to a cosmetic product? _____ yes _____ no

Primary reason for your appointment today: _____

How often do you receive facials? _____ body treatments? _____

Your normal skin care routine: _____

Special concerns you have about your skin: _____

Have you had any surgery? If yes, please describe: _____

Do you have any condition that could affect service options, such as arthritis, allergies, diabetes, or other circulation disorders, heart problems, high blood pressure, sensitivity to heat or any cosmetic ingredients, taking any medications such as blood thinners, etc.? _____

Do you have food allergies? _____ yes _____ no / Latex allergies? _____ yes _____ no

Any other allergies? _____

Are you currently taking any prescription medications? If yes, please list name and reason for medication: _____

Are you currently pregnant or undergoing fertility treatments? _____ yes _____ no

Is there anything your technician should be aware of before your treatment? _____

In consideration for receiving Stone House Inn & Spa services, I hereby release, waive, discharge, and covenant not to sue Stone House Inn & Spa, it's owners, officers, agents, servants, and employees from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on the Stone House Inn & Spa premises. I am fully aware of the risks involved and hazards connected with spa treatment, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by the negligence or otherwise.

SIGNATURE: _____ DATE: _____