

## Client In-Take Form Update – Stone House Inn & Spa

name: \_\_\_\_\_ date: \_\_\_\_\_

street address: \_\_\_\_\_

city, state and zip code: \_\_\_\_\_

**No Changes to My Health History** \_\_\_\_\_ (check)

I have confirmed that there have been no changes to my health history and I have not started any new medications since my last visit. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the body or skin from treatments received. I am aware that it is my responsibility to inform my Stone House Inn & Spa technician of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release Stone House Inn & Spa /and or the professional technician from liability and assume full responsibility thereof.

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

**New Health History Information/Update** \_\_\_\_\_ (check)

I have confirmed that there have been changes to my health history since my last visit and have made note of those changes below. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the body or skin from treatments received. I am aware that it is my responsibility to inform my Stone House Inn & Spa technician of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release Stone House Inn & Spa and/or the professional technician from liability and assume full responsibility thereof.

New medication: \_\_\_\_\_

I am currently being treated by my physician for the following condition:

\_\_\_\_\_  
\_\_\_\_\_

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