

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone #: \_\_\_\_\_ This is my:  Home  Cell  Work Birthday: \_\_\_ / \_\_\_ / \_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Method of Communication:  Phone  E-Mail  Text phone provider: \_\_\_\_\_

Who can we thank for referring you?  Facebook  Twitter  Yelp  LW website  Internet search  Signs

Coupon/Promotion  Person: (Who?) \_\_\_\_\_

**Please check any and all that apply:**

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have experienced professional massage or bodywork                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Bruise easily  |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes   |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent headaches   |
| <input type="checkbox"/> | <input type="checkbox"/> | Joint swelling   |
| <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure  |
| <input type="checkbox"/> | <input type="checkbox"/> | Osteoporosis   |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac or circulatory problems  |
| <input type="checkbox"/> | <input type="checkbox"/> | Injuries/broken bones (in the past two years)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had skin care treatments before?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had body care treatments or therapies before?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you seen a dermatologist in the past 5 years?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | If so are you under his/her care now?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had cosmetic/plastic surgery?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever or are you currently using Retin A?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever or are you currently using Glycolic Acid or AHA?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a Peel or Dermabrasion?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have major illnesses? Have you had or operations? If yes, please explain. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently taking any medications? Please list _____                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you take vitamins or supplements? Please List _____                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you taking Birth Control?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you in any stage of or have any symptoms of menopause?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or could you be pregnant?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any allergies? If yes, please explain. _____                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wear contact lenses?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing hair loss?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you smoke?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you exercise?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you dieting or fasting now?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma   |
| <input type="checkbox"/> | <input type="checkbox"/> | Eczema   |

**Please check any and all that apply:**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Colitis   |
| <input type="checkbox"/> | <input type="checkbox"/> | Anemia  |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer  |
| <input type="checkbox"/> | <input type="checkbox"/> | Candida   |
| <input type="checkbox"/> | <input type="checkbox"/> | PMS   |
| <input type="checkbox"/> | <input type="checkbox"/> | Herpes simplex Virus                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other contagious diseases. Please explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | epilepsy or seizures                                |
| <input type="checkbox"/> | <input type="checkbox"/> | varicose veins                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | arthritis   |
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**Waxing Release**

Have you used any hydroxyl Acid or Glycolic products in the past 48-72 hours? Yes No

Are you using Retin A, Renova or Accutane (oral form of Retin A)? Yes No

Are you using any other skin thinning products or drugs? Yes No  
If yes, what products are you using? \_\_\_\_\_

Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon? Yes No  
Do you use a tanning bed? Yes No

Important Notes: For your own personal comfort, you should avoid hair removal just prior to menses.  
Waxing does have certain side affects such as skin removal, redness, swelling, tenderness, etc.

My signature below indicates that I have provided all required information to the best of my knowledge and that I have read, understand and agree to the waxing information enclosed. Further I release LivingWell, its employees, associates and assigns from all liability associated with the waxing procedure(s) I am to receive.

**Signature (Parent/Guardian if under 18 yrs. of age):** X \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Did you Know?**

- Rates and Services are located on Therapy Menu at the Front Desk.
  - You can use your Flexible Spending Plan here – ask us how!
    - Does your business or insurance offer Flexible Spending Usage? (Cafeteria Plans) Yes No
  - You can SAVE on all of our services through our LivingWell Plan – ask us how!
- 

**LivingWell Policies**

Because some therapies should not be done under certain conditions, all known medical conditions should be disclosed to the esthetician.

In consideration of all involved, broken appointments without 24 hours notice will be charged 100% of the appointment cost. Missed appointments cannot be billed to my insurance company.

My signature below indicates that I have read, understand and agree to the information enclosed and I release LivingWell, its employees, associates and assigns from all liability.

**Signature (Parent/Guardian if under 18 yrs. of age):** X \_\_\_\_\_ **Date:** \_\_\_\_\_