Facial Consultation Form

Spa on the Hill
1007 E Street SE
Washington, DC 20003

Welcome to Spa on the Hill! We look forward to providing a therapeutic and enjoyable sanctuary for you to relax. Your therapist will use the information provided below to assess your needs and create a customized treatment plan for the duration of your visit. We invite you to place your phone on silent at this time and enjoy your visit.

Name _____ *Birthday* _____ *Phone* _____

Address _____ *City/State/Zip* _____

Email _____ *Referred By* _____

Dr. Name/Phone _____ *Emergency Contact & Phone* _____

What do you hope to achieve with your treatment today? _____

What products are you currently using to maintain your skin? _____

Pressure Preference: ☐ Light ☐Medium ☐Firm

Medical Information

Are you wearing contacts?	☐Yes ☐No	*Do you have diet restrictions?*	☐Yes ☐No
Do you have frequent headaches?	☐Yes ☐No	Any surgeries in the past?	☐Yes ☐No
Are you currently using Birth Control?	☐Yes ☐No	*Do you use sunscreen daily?*	☐Yes ☐No
Have you ever been diagnosed with skin cancer?	☐Yes ☐No	*Are you using prescribed facial products?*	☐Yes ☐No
Do you smoke?	☐Yes ☐No	*Do you consume water daily?*	☐Yes ☐No

Please explain any yes answers here: _____

I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform my health care provider and massage therapist if anything changes in my status. I understand that massage/bodywork I receive is for the purpose of stress reduction and the relief from muscular tension, spasm or pain and to increase circulation. If I experience any pain or discomfort, I will immediately inform my massage therapist so that the pressure and/or methods can be adjusted to my comfort level.. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services. Sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated. I understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

Client Signature and Date _____