

vir tú™

WELLNESS. ADVANCED.

Date _____

Name _____

Occupation _____

Address _____

Birth Month/Day _____

City/State/Zip _____

Email _____

Home Phone _____

Check this box to receive updates on exciting promotions, events and more.

Cell Phone _____

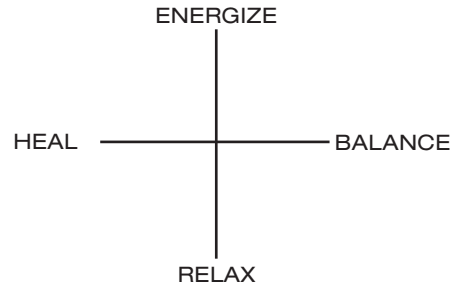
How did you hear about vir tú? _____

Emergency Contact _____

Phone _____

goal for your massage session

Please mark along the grid your expectations for today's session.
You can mark multiple places along the grid.



general health

Rate your level of stress: (5 = highest, 1 = lowest) 5 4 3 2 1

Do you wear contact lenses? Yes No

Are you as healthy as you want to be? Yes No

Would you like a free assessment with our Naturopathic Doctor, who can explain all that we offer in our Wellness Institute? Yes No

Please list any accidents or surgeries in the last 9 months: _____

Do you have any metal implants, a pacemaker or body piercings? _____

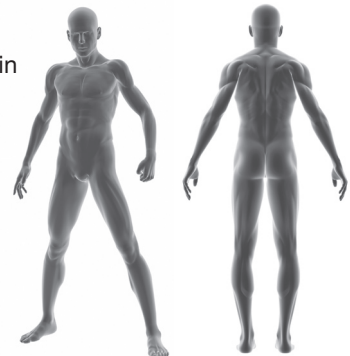
List the medications you are currently taking: _____

massage therapy

Have you ever had a professional massage before?
If so, when? _____

What type of pressure do you prefer?
 Light Medium Firm

Circle Areas of Pain





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health history

- Heart Condition
- Lymphedema
- Herpes/Shingles
- Numbness/Tingling
- Sinus Problems
- Allergies
- Rashes
- Jaw Pain/TMJ
- Blood Clots
- Diabetes
- Gas/Bloating
- Headaches
- Broken Bones
- Pregnancy (____ wks)
- Fatigue/Sleep Disorder
- High Blood Pressure
- Varicose Veins
- Sprains/Strains
- Low Blood Pressure
- Chronic Pain
- Constipation
- Arthritis
- Depression/Anxiety
- Spasms/Cramps
- Cancer
- Hot Flashes
- Night Sweats
- Other _____

skin care

- Are you under the care of a dermatologist? Yes No
- Do you use: Accutane Retin A Adapalene Other prescription skin products
- Have you had a: Chemical Peel Microdermabrasion Botox Other resurfacing treatments
- Are you currently using any products that contain: Glycolic Acid Lactic Acid Hydroxy Acid Vitamin A
- Do you have any skin sensitivities or irritants? Yes No

skin maintenance

- Products you use: Moisturizer Soap Toner Cleanser Exfoliant Masque
- Skin Type: Oily/Congested Sensitive/Redness Acne Dry/Dehydrated
- Allergies: Iodine Shellfish Other: _____
- Skin Conditions: Eczema Psoriasis Sunburned Other: _____
- Have you been tanning in the last 24 hours? Yes No
- What are your skin care goals? _____

I have listed all my known medical conditions and physical limitations to the best of my knowledge. I will inform vir tú in writing of any change in my physical health between sessions. I understand that a massage therapist/esthetician must be aware of all existing physical conditions that I have in order to provide appropriate modalities. I further understand that a massage therapist/esthetician neither diagnoses nor prescribes for illness, disease, or any other medical, physical, or emotional disorder. I am responsible for consulting a qualified primary care provider for any physical ailment that I may have. In consideration of this, I, for myself, my heirs, and my legal representatives, do hereby release and forever discharge vir tú and its officers and employees from any and all causes of actions, suits, debts, claims, and demands of any whatsoever arising from or by reasons of any injuries which might occur as a result of having massage therapy/esthetician services performed. I am responsible for rescheduling if needed and that failure to give 24 hours of notice will result in a cancellation fee.

I have read the above information. I understand this policy and agree to its terms.

Signature: _____ Date: _____

If you are under 18, parental/guardian signature and presence required.

Parent/Guardian Signature: _____ Date: _____