

# Massage Health Profile

## PERSONAL INFORMATION

Client Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

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

## HEALTH INFORMATION

Please check all that apply:

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Headaches      | <input type="checkbox"/> Neck pain     | <input type="checkbox"/> Back pain    | <input type="checkbox"/> Leg/knee pain/Hip   |
| <input type="checkbox"/> Seizures       | <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Arthritis    | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Numbness/tingling   |
| <input type="checkbox"/> Active cancer  | <input type="checkbox"/> Blood clots   | <input type="checkbox"/> Pregnancy    | <input type="checkbox"/> Heart problems      |

Do you have any allergies and/or skin sensitivities? \_\_\_\_\_

Please list any medications you are taking \_\_\_\_\_

Please describe any accidents, surgeries or injuries \_\_\_\_\_

Other \_\_\_\_\_

Activity Level:    Light                      Moderate                      Strenuous

## MASSAGE PREFERENCES

Is this your first massage experience? \_\_\_\_\_

What are you looking for from this massage? (Circle all that apply)

- |                 |  |                         |               |
|-----------------|--|-------------------------|---------------|
| RELAXATION      | PAIN RELIEF                                | WORK ON A SPECIFIC AREA | STRESS RELIEF |
| HEADACHE RELIEF | USING IN CONJUNCTION WITH PHYSICAL THERAPY | OTHER _____             |               |

Do you prefer a male or female therapist?    MALE                      FEMALE                      NO PREFERENCE

Pressure preference:    1    2    3    4    5 [Light-Medium]    6    7    8    9    10 [Deep Tissue]

Are you comfortable with your massage therapist working on the following areas? (Circle all that apply.)

Scalp                      Face                      Chest                      Glutes                      Feet

How often do you receive massages? (circle all that apply)

WEEKLY                      MONTHLY                      OTHER \_\_\_\_\_

How did you hear about Pure Massage and where have you seen us? (Circle all that apply)

FACEBOOK    PRINT AD    SIGN    GIFT CARD    FRIEND/FAMILY    SPA 23 MEMBER  
YELP    INTERNET    OTHER \_\_\_\_\_

I understand that:

- I must contact Pure Massage within 24 hours of my scheduled reservation if I need to cancel or reschedule my massage for any reason.

**-If I fail to attend my scheduled massage, make any changes, or cancel with less than 24 hours I will be charged a cancellation fee of the cost of the service.**

-Monthly massages are valid for 30 days, do not roll over, and are non-transferrable

-If I hold/stop my membership I must contact Pure Massage directly to remove/adjust any future reservations

-If I am late, my session will end at the original scheduled time so that the client following me is not penalized.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so the pressure and/or techniques may be adjusted to my level of comfort. I also understand that massage is not intended to diagnose or treat any medical condition and that nothing said or done during the massage should be construed as such. Because massage should not be performed under certain circumstances, I attest to keep my practitioner up to date on any changes in my medical conditions and understand that there shall be no liability on the part of the practitioner should I fail to do so. I also understand that any illicit remarks/actions of a sexual nature will result in an immediate termination of my massage session and I will be responsible for full payment of service.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Skin Therapy Health Profile

## PERSONAL INFORMATION

Client Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## HEALTH INFORMATION

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

Name of your physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please check all that apply:

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Wrinkles / Fine Lines | <input type="checkbox"/> Acne / Scarring    | <input type="checkbox"/> History of Psoriasis             | <input type="checkbox"/> Sunburn      |
| <input type="checkbox"/> Sagging Skin          | <input type="checkbox"/> Bruise easily      | <input type="checkbox"/> High blood pressure              | <input type="checkbox"/> Raised Moles |
| <input type="checkbox"/> Hyperpigmentation     | <input type="checkbox"/> On Blood Thinners  | <input type="checkbox"/> Keloid or raised scarring        | <input type="checkbox"/> Cancer       |
| <input type="checkbox"/> Cellulite             | <input type="checkbox"/> Pregnant / Nursing | <input type="checkbox"/> Warts                            | <input type="checkbox"/> Dry Skin     |
| <input type="checkbox"/> Large Pores           | <input type="checkbox"/> History of Eczema  | <input type="checkbox"/> Nickel / Stainless steel Allergy |                                       |

Do you have any allergies and/or skin sensitivities? \_\_\_\_\_

Please list any medications you are taking \_\_\_\_\_

Are you allergic to nuts or nut products? \_\_\_\_\_

Please describe any accidents or injuries \_\_\_\_\_

Please describe any surgeries \_\_\_\_\_

## FACIAL REJUVENATION PREFERENCES

Is this your first facial rejuvenation / body contouring experience? \_\_\_\_\_

What are you looking for from this treatment? (Circle all that apply)

REDUCE FINE LINES & WRINKLES    IMPROVE TEXTURE OF SKIN    REDUCE PORE SIZE    EVEN SKIN TONE  
REDUCE CELLULITE    ANTI-AGING    REDUCE SCARRING    IMPROVE STRETCH MARKS    OTHER \_\_\_\_\_

How important is it to you to make these improvements? (Scale of 1-10)

How often do you receive rejuvenation treatments? (Circle all that apply)

WEEKLY                      MONTHLY                      OTHER \_\_\_\_\_

Have you received Botox, fillers, microdermabrasion or chemical peels in the past 60 days? (Circle)    Y        N

If so, please write what you have received and when: \_\_\_\_\_



**Please mark the face below for areas of concern:**

---

I understand that:

- I must contact Pure Massage before closing hours if I need to cancel or reschedule my facial therapy.
- -If I fail to attend my scheduled massage or cancel after the 24 hour timeframe I will be charged a **cancellation fee of the cost of the service.** If my therapist starts the session late, my session will end at the originally scheduled time so that the client following me is not penalized and I will be compensated accordingly.
- If I am late, my session will end at the originally scheduled time so that the client following me is not penalized.

I hereby certify that I have read and agree to all of the above provisions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Microneedling Consent:

### What to Expect:

- Depending on the area of your face or body being treated and the type of device used (i.e. needle length), the procedure is well-tolerated and in some cases virtually painless, feeling only a mild prickling sensation.
- Your practitioner will apply a topical anesthetic to your skin prior to treatment to reduce any pain and discomfort.
- Your skin will be pink or red in appearance, much like a sunburn, for a couple of hours following treatment.
- Minor bleeding and bruising is possible depending on the length of the needle used and the number of times it is pressed across the treatment area.
- Your skin may feel warm, tight, and itchy for a short while. This should subside in 12-48 hours.

### Possible Side-Effects:

- Side effects or risks are minimal with this type of treatment and typically include minor flaking or dryness of the skin with scab formation in rare cases.
- Hyper-pigmentation (darkening of certain areas of the skin) can occur very rarely and usually resolves after a month.
- If you have a history of cold sores, this procedure may cause flare ups.
- Temporary redness and mild-sunburn effects may last up to 4 days.
- Freckles may temporarily lighten or permanently disappear in treated areas.
- Other potential risks include: crusting, itching, discomfort, bruising, infection, swelling, and failure to achieve the desired result. Permanent scarring (less than 1%) is extremely rare.

The benefits and risks of the procedure have been explained to me, and I accept these benefits and risks. The nature of my medical or cosmetic condition has been explained to my satisfaction as have been any substantial or significant risks of harm. I am also aware of and accept the risk of rare and unforeseen complications which may not have been discussed and which may result from this treatment.

I have had the opportunity to ask questions and seek clarification of this procedure and its alternatives including no treatment and my questions have been answered satisfactorily. I understand the following contraindications listed below and will notify my provider if any of the following apply to me:

- Active infections - viral, fungal, bacterial
- Patients on anticoagulants (NSAIDS, ASA, Coumadin/Warfarin)
- Rashes, warts, skin cancer
- Rosacea
- Active acne
- Diabetes
- Immune-suppressed patients
- Actinic (solar) keratosis
- Skin-related autoimmune disorders
- Keloids
- Pregnant or breast-feeding

# Informed Consent for Facial Acupuncture, Gua Sha & Cupping

## Facial Acupuncture

### What to Expect:

An acupuncture facial treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of Qi (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely “cosmetic.” Acupuncture facial involves the patient in an organic, gradual process, which is customized to each individual. It is no way analogous to, or a substitute for, a surgical “face lift.” A treatment session may confine itself solely to facial acupuncture, or it may be

### Benefits:

Facial Acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion, and flesh out sunken areas. Customarily, fine wrinkles will disappear and deeper ones will be reduced. As this treatment is not merely confined to the face, but incorporates the entire body and constitutional issues of health, many people also see other whole body improvements as well.

**Risks of an Acupuncture Facial** –An individual's choice to undergo an acupuncture facial is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your acupuncturist to make sure you understand the risks, potential complications, and consequences of an acupuncture facial.

- **Bleeding** – It is possible that you may experience bleeding during an acupuncture facial. Should post-acupuncture bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise, or hematoma, which will resolve itself.
- **Damage to Deeper Structures** – Deeper structures such as blood vessels and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent.
- **Asymmetry** – The human face is normally asymmetrical. Thus there can be a variation from side to side in the results attained from a facial acupuncture treatment.
- **Bruising and Puffiness** – There is a possibility of bruising (hematoma), puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.
- **Nerve Injury** – Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness.
- **Unsatisfactory Result** – There is a possibility of a poor result from an acupuncture facial. You may be disappointed with the results.
- **Allergic Reactions** –In rare cases, local allergies to topical preparations have been reported. Systemic reactions which are more serious may occur to herbs used during an acupuncture facial. Allergic reactions may require additional treatment.
- **Delayed Healing** – Delayed wound healing or wound disruption are a rare complication experienced by patients in the aftermath of an acupuncture facial. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.
- **Long Term Effects** – Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to an acupuncture facial. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of an acupuncture facial.

## Gua Sha & Cupping

**What to expect:** Facial gua sha moves lymphatic fluids, releases the fascia so skin can function better, and breaks down adhesions and hardness in muscles, like in the jaw. It smooths fine lines, wrinkles, plump, tighten, and rejuvenate skin; even decrease dark under-eye circles and puffiness.

Cupping is an alternative therapy that uses suction cups to stimulate your skin and muscles. It can be performed on your face or body. The suction promotes increased circulation, which may help relieve muscle tension, promote cell repair and aid in regeneration. Body cupping is a combination of massage movements and negative pressure with the use of a suction device on the skin to reduce cellulite.

I understand that Gua Sha and Cupping are forms of therapy based on the regulation of human energy and movement within the body. A small amount of oil or ointment is applied to the skin, followed by rubbing/light scrapping of the skin with a medical, stainless steel, smooth implement or by creating a vacuum seal with a glass cup on the skin. The desired outcome of this process is to draw oxygen-rich blood to an area that is need of nourishment. A temporary redness or small reddish pin point spots rise to the surface of the skin where the procedure is performed. These markings may last for 1 to 5 days while the body is healing.

**Potential risks:** While rare, the red markings may last longer than 5 days. In addition, bruising might occur from the pressure of the Gua Sha or vacuum seal of the glass cups.

**Potential benefits:** Allowance for improved balance of bodily energies which may lead to a feeling of well-being, a decrease in pain or other symptoms for which treatment is sought. With this knowledge, I consent to the appropriate staff to administer treatment to me. I realize that no guarantees have been made to me as to the results of this treatment.

I hereby authorize Nicole Heuschkel, L.Ac to perform one or more of the following, as she sees fit for the best outcome of my course of treatment: Microneedling Therapy (Collagen Induction Therapy), Acupuncture, Gua Sha and Cupping. I understand that these procedures are purely elective.

1. I have received the Informed Consent documents.
2. I recognize that during the course of the microneedling, acupuncture facial, facial cupping and gua sha treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above acupuncturist to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. It has been explained to me in a way that I understand:
  - a. The above treatment or exposure to be undertaken
  - b. There may be alternative procedures or methods of treatment
  - c. There are risks to the procedure or treatment proposed

Client Signature \_\_\_\_\_ Date \_\_\_\_\_