

Man Scaper Spa Intake Form

First Name:		Last Name:	
Today's Date		Email	
Phone #		City	
Address		State, Zip	

The questions below will be used to help in planning for a safe and effective session Please answer all questions to the best of your ability.

	Yes	No
Do you have any metal implants?		
Are there any medical conditions/surgeries which I need to be aware of (past/present)? Please list		
Please list any and all medications you are currently taking including supplements:		
Have you been Tanning (this includes spray tanning) within the last 24 hours (sun or tanning bed)		
Have you recently taken any medications? i.e. Tylenol, Blood Thinners, Aspirin etc.		
Please List:		
Do you have any skin allergies/sensitivities?		

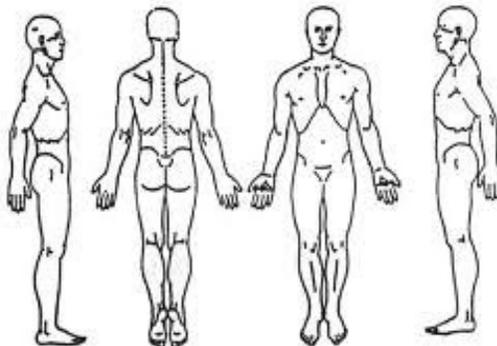
Are you currently using or have you ever used any of the following?

Accutane		Tazorac	
Retin A		Antibiotics	
Differin		Other Medications	

PLACE AN X NEXT TO ANY OF THE FOLLOWING THAT YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST (if your condition is not listed, please specify)

Tendonitis/Bursitis	Spinal Issues	
Arthritis	Heart Condition	
IBS (Irritable Bowl)	AIDS/HIV	
Fibromyalgia	Depression	
Bladder Infection	High Blood Pressure	
Kidney Infection	Carpal Tunnel	
Diabetes	Herpes	
Chronic Fatigue	Anxiety Disorder	
Warts	Other Please Describe	

Please Circle any Areas that may be of Concern to you



INFORMED CONSENT

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 all members of my health care team including George Ramos, George Ramos LLC, Manscapers, Man Scaper Spa If any conditions in my health change. I understand that massage/bodywork, body sculpting, electrotherapy, aromatherapy, waxing services, and esthetic services, or any other body treatment services I receive is for the purpose of stress reduction and relief from muscular tension, spasm, and/or pain, and is used to increase circulation, bueatifying/exfoliating the skins surface, removal of hair. If I experience any discomfort at any time during the session I understand that it is my responsibility to inform the therapist/practitioner immediately, so that the methods can be adjusted to my comfort level. I understand that with any treatment certain risks are involved and that any complications or side effect from known or unknown causes could occur, I freely assume these risks. I acknowledge my obligation to follow the written and spoken instructions covering my pre and post treatment skin care regimen. A massage/bodywork, body sculpting, electrotherapy, aromatherapy, waxing services, esthetic services, or any other body treatment services, is not a cure for any skin condition. However, for certain conditions, massage/bodywork, body sculpting, electrotherapy, aromatherapy, waxing services, esthetic services, or any other body treatment services can provide marked improvement in the appearance of the skin. massage/bodywork, body sculpting, electrotherapy, aromatherapy, waxing services, esthetic services, or any other body treatment services are designed to stimulate the skin, to help generate new cells, to produce collagen, and to increase the blood flow. It is important that you have a thorough understanding of what a esthetic mechanical exfoliation service can do for your particular skin condition. It is imperative that you acknowledge the potential issues associated with each of these. I also realize that the following risks and hazards may occur in connection with the particular procedure: worsening or unsatisfactory appearance, creation of additional problems such as: poor healing or skin loss, nerve damage, painful or unattractive scarring, or recurrence of the original condition. I acknowledge that the practice of cosmetology, massage therapy, esthetic, waxing is not an exact science and that no specific guarantees can or have been made concerning the expected result. Some clients are improved and in others no appreciable improvement is noticed. I understand that George Ramos, George Ramos LLC, Manscapers, Man Scaper Spa. does not diagnose skin conditions, illness, treat illness, or preform any bone manipulation/adjustments. I acknowledge George Ramos, George Ramos LLC, Manscapers, Man Scaper Spa. does not prescribe medications or medical treatments. I understand that massage/bodywork, body sculpting, electrotherapy, aromatherapy, waxing services, and esthetic services, or any other body treatment services are not replacements for proper medical treatment (diagnosis, medical examinations, or prescription of medical treatment). I understand that if I need medical attention I will contact my primary care physician and seek proper medical advice from him/her. I understand that I am receiving massage/bodywork, body sculpting, electrotherapy, aromatherapy, waxing services, and esthetic services, or any other body treatment services at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or part, of the aforesaid massage/bodywork, body sculpting, electrotherapy, aromatherapy, waxing services, and esthetic services, or any other body treatment services I herby hold harmless and indemnify George Ramos, George Ramos LLC, Manscapers, Man Scaper Spa. the therapist/practitioner, their principals, and agents from all claims and liability whatsoever. I also understand that each session is held in a professional environment and sexual misconduct will not be tolerated. Sexual misconduct will result in termination of the session. I understand that payment is due at the time of service(s) performed.

It is my choice to receive waxing. I understand that the information given above is strictly confidential and will be used for no other purpose than to assist the Service provider customizing my waxing experience. I also understand that failure on my part to disclose information could result in injury and/or illness and I hereby release George Ramos, George Ramos LLC, Manscapers, Man Scaper Spa from any claims resulting from such. Any information provided to me by the Service provider is for general educational purposes only and is not intended for any medical or therapeutic purpose.

I understand that George Ramos, George Ramos LLC, Manscapers, Man Scaper Spa has the right to terminate the service, cancel any appointments or any future appointments made without notice to myself for any reason. I also understand that George Ramos, George Ramos LLC, Manscapers, Man Scaper Spa has the right to refuse service(s) to myself or any party representing me for any reason.

My signature below (both electronic signature and physical signature) indicates that I have stated any medications that I am taking, and any medical conditions which I currently or have ever had in the past. I understand that is it my responsibility to update the Service provider if any of the above information has changed. I understand that this form must be properly filled in before any service is to take place. I understand that I can either print this form and fill it out to bring to my appointment, digitally fill this form in and e-mail it to manscaperspa@gmail.com, or fill it out at the time of my appointment. Refusal to fill out this form will result in no service(s) being preformed, incorrect information will also result in termination of session, and all future appointments.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____