| RELAXATION MASSAGE w/LED INTAKE FORM

First Name _____

Last Name _____

Email Address _____

Home Phone # _____

Street Address _____

State _____

Date of birth _____

Referred by _____

Phone # _____

Date of initial visit _____

City _____

Zip Code _____

Emergency contact name _____

Emergency contact relationship _____

Emergency phone # _____

How would you rate your general health?

- ◯ Excellent
- ◯ Good
- ◯ Fair
- ◯ Poor

Have you had a relaxation massage before?

- ◯ Yes *(Date of last treatment)* _____
- ◯ No

Please tell us about any allergies or hypersensitivities

_____

_____

_____

_____

_____

List any major accidents or surgeries (including dates)

_____

_____

_____

_____

_____

HEAD NECK

- ◯ Headaches / migraines
- ◯ Vertigo / dizziness
- ◯ Light Sensitivity

RESPIRATORY

- ◯ Asthma
- ◯ Cold or fever
- ◯ Covid
- ◯ Tuberculosis

CARDIOVASCULAR

- ◯ High blood pressure
- ◯ Low blood pressure
- ◯ Heart attack
- ◯ Stroke
- ◯ Heart disease
- ◯ Poor circulation
- ◯ Phlebitis / varicose veins
- ◯ Pacemaker
- ◯ Hemophilia
- ◯ Aneurism
- ◯ Congestive heart failure
- ◯ Blood Disorder

NERVOUS SYSTEM

- ◯ Sensory loss / change
- ◯ Sciatica
- ◯ Seizures
- ◯ Numbness / tingling
- ◯ Epilepsy
- ◯ Multiple sclerosis

SKIN & INFECTIONS

- ◯ Hepatitis
- ◯ Open Sores/Wounds
- ◯ Rash
- ◯ HIV / AIDS
- ◯ Sunburn or windburn
- ◯ Infectious skin conditions

MUSCULOSKELETAL SYSTEM

- ◯ Arthritis
- ◯ Osteoporosis
- ◯ Bursitis
- ◯ Pins / plates / wires / artificial joint
- ◯ Tendonitis
- ◯ Jaw pain (TMJ)

OTHER CONDITIONS

- ◯ Cancer
- ◯ Fibromyalgia
- ◯ Under influence drugs
- ◯ Tumor
- ◯ Diabetes
- ◯ Metal Implants
- ◯ Pregnant
- ◯ Under influence alcahol

I understand that the relaxation massage wLED Light Therapy I am consenting to is for the purpose of relaxation only.

I understand that I have read all of the contraindications listed under Relaxation Massage at myglobeautybar.com, and agree I have none of these issues.

I understand that a relaxation massage is not a substitute for a medical examination, diagnosis or treatment.

If at any point during the massage I am uncomfortable or uneasy with the relaxation massage techniques being administered and/or I am experience pain or discomfort, I understand it is my responsibility to IMMEDIATELY inform the esthetician so that the relaxation massage (or LED Light therapy) can be terminated or the pressure / techniques can be adjusted to a level of comfort.

I will notify my esthetician of any physical limitation(s), musculoskeletal system issues or health concerns I have prior to the massage.

I understand that I can provide feedback as to my personal preferences in regards to pressure (medium or light) and discuss painful or sensitive areas of my body that I would not want massaged.

I understand that I am able to ask questions during my relaxation massage. The esthetician is certified and will be happy to keep me well informed and comfortable.

I understand that any illicit or sexually suggestive remarks or advances will result in the immediate termination of the relaxation massage.

By signing below, I give my consent to participate in a relaxation massage with LED. I will not hold GLO Beauty Bar, LLC liable for any adverse reactions I experience from my relaxation massage and further certify that I have read and agreed to the terms listed above.

Signature: _____ Print _____ Date: _____