



First Name _____

Date of birth _____

Last Name _____

Referred by _____

Email Address _____

Phone # _____

Home Phone # _____

Date of initial visit _____

Street Address _____

City _____

State _____

Zip Code _____

Emergency contact name _____

Emergency phone # _____

Emergency contact relationship _____

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
- Light Sensitivity
- Vertigo / dizziness

RESPIRATORY

- Asthma
- Covid
- Cold or fever
- Tuberculosis

CARDIOVASCULAR

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



NERVOUS SYSTEM

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

SKIN & INFECTIONS

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

MUSCULOSKELETAL SYSTEM

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

OTHER CONDITIONS

- Cancer
- Diabetes
- Fibromyalgia
- Metal Implants
- Under influence drugs
- Pregnant
- Tumor
- Under influence alcohol

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: _____