

# AVANTÉ

SALON + SPA

Name: \_\_\_\_\_ DOB:     /     /           Female   Male

Address: \_\_\_\_\_

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

Activites/Hobbies/Sports: \_\_\_\_\_

**Do you have any MEDICAL CONDITIONS, ILLNESSES, INJURIES, SURGERIES, ETC that you need to inform us of today? (please include dates, where, type, under doctor's care, etc)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you take and medication that would affect your blood pressure, heart rate or pulse?

\_\_\_\_\_

\_\_\_\_\_

Are you currently pregnant?   Y   N           If yes, # of weeks gestation: \_\_\_\_\_

Do you have a Medical release for high risk pregnancy massage?   Y   N

Note has been given to practitioner?   Y   N

It is my choice to receive Massage Therapy from a Massage Therapist who is an employee of Avanté Salon and Spa, and I do so at my own risk. Releasing the employee, Avanté Salon and Spa and its representatives from any liability, for any consequence, the may occur as a result of this service. I understand that this employee does not diagnose illness, disease, or any physical or mental disorders. As such, this employee does not prescribe medical treatments, pharmaceuticals, nor nutritional supplements. I understand that the employee may end the treatment session at any time, if the client's conduct is inappropriate.

Signature: \_\_\_\_\_