



Welcome Back! We are happy to see you again.

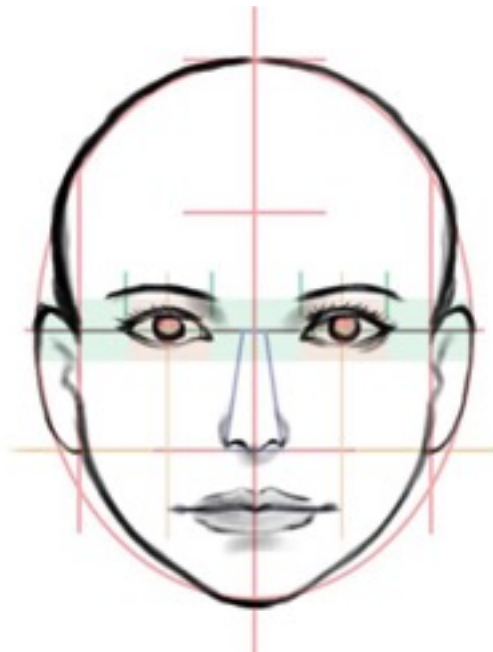
Name: Date:

Are there any health or medical changes since last visit:
.....
.....

What are your **goals/expectations** for this therapy session?.....
.....

Please mark and label the diagram with OILY, DRY, ACNES, AGING, SUN DAMAGE AND OTHER CONCERNS.

X Oily O Dry /// Acne +++ Wrinkles/Scaring --- Sun Damage



The following sometimes occurs during massage. They are normal responses to relaxation. Trust your body to express what it needs to: * moving or changing position * sighing, yawning, change in breathing * stomach gurgling emotional feelings and/or expression * memories * energy shifts * falling asleep

Please read the following information and sign below:

1. I understand that although massage and skin therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. This is a therapeutic massage or facial and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage or facials should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
4. I consent to allow Urban Squeeze to email me information about our practice or other general health information.

Signature: Date:

(If under 18 please have parent/guardian sign)