

## Body Therapy Treatment Consultation Form

### **Client Information**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Competitor Number: \_\_\_\_\_

### **Health & Skin History - Circle any that apply**

Allergies (medications, products, food, environmental): \_\_\_\_\_

Current Medications (topical or oral): \_\_\_\_\_

Skin Sensitivities or reactions: Fragrance      Preservatives      Heat

Other: \_\_\_\_\_

Recent sun exposure or tanning: None      Mild      Moderate      Frequent

Past or current skin conditions: Acne      Eczema      Psoriasis      Folliculitis

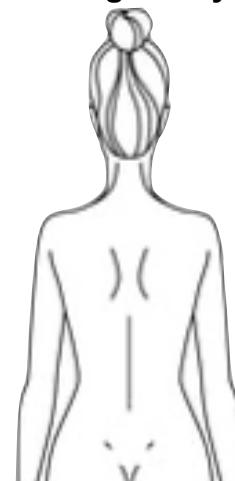
Keratosis Pilaris      Other: \_\_\_\_\_

### **Skin Type Assessment**

| Skin Type   | Description   | Yes/No |
|-------------|---|--------|
| Oily        | Shiny appearance, enlarged pore, prone to breakouts |        |
| Dry         | Flaky, tight, rough texture, dull tone              |        |
| Normal      | Balanced oil/moisture, smooth, few imperfections    |        |
| Combination | Oily in upper back/shoulders, dry in lower back     |        |
| Sensitive   | Redness, irritation, itching or stinging            |        |

### **Skin Condition Observations - If present, please indicate on the diagram by creating your own legend**

| Condition               | Legend symbol |
|-------------------------|---------------|
| Acne/Congestion         |               |
| Blackheads/Whiteheads   |               |
| Pigmentation/Sun Damage |               |
| Dehydration             |               |
| Redness/Inflammation    |               |
| Scarring                |               |



| Condition     | Legend symbol |
|---------------|---------------|
| Ingrown Hairs |               |
| Stretch Marks |               |

Based on your findings, please indicate below what ingredients you are choosing to create your custom exfoliant.

- Grape seed oil
- Coconut oil
- Epsom salt
- Dead Sea salt
- Brown sugar
- Raw sugar

Why have you chosen the above ingredients?

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### **Hot Stone Massage Consent Form**

Do you use any of the following?

- Retin-A
- Renova
- AHA
- Acne Medication

If YES was answered to any of the above, please elaborate.

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Please indicated any of the following that may pertain to you and give a brief explanation.

- Allergies \_\_\_\_\_
- Arthritis \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Joint Replacement(s) \_\_\_\_\_
- Low Blood Pressure \_\_\_\_\_
- High Blood Pressure \_\_\_\_\_
- Fibromyalgia \_\_\_\_\_

Numbness \_\_\_\_\_  
 Sprains/Strains \_\_\_\_\_

Any other contraindications? \_\_\_\_\_

**By signing this form, I agree with the statements above and give my consent to proceed with the body therapy treatment.**

*Model Signature:* \_\_\_\_\_