

SPA MEDICAL HISTORY & ASSESSMENT

(Entire Form Must Be Completed)

Contact Information: _____

Name: _____

PAGE 1 of 6

Address: _____

Phone: _____

Email: _____

Gender: _____

Date Of Birth: _____

Emergency Contact Name & Relationship : _____

Emergency Contact Phone: _____

Referred By: _____

*What Medications are you currently taking, if any? AND, what do these meds do?

*Are any of your medications life sustaining...meaning if you dropped your dosage it could be fatal? YES or NO (please circle one)

*Are you currently diagnosed with any illness that would limit your ability to use detoxification equipments that have heat, current, circulation, or frequency? An example of this would be Active Cancer, if you have Active Cancer you cannot use the Body Sculpt, Flawless Rx, Lymph Glide, any of the far infared products, or light products.

YES or NO (please circle one)

*Are you currently taking antibiotics? YES or NO (please circle one)

*Are you currently taking medications that make you sensitive to light?

YES or NO (please circle one)

*Are you currently pregnant? (If so, you cannot use the facility while pregnant.)

YES or NO (please circle one)

PAGE 2 of 6

*Are you currently trying to get pregnant?

YES or NO (please circle one)

*Do you have a pace maker or any organ replacements?

YES or NO (please circle one)

*Have you had any knee, hip or joint replacement or back surgery?

YES or NO (please circle one)

*Are you unsure of your medical condition and need to check with your physician before using this facility?

YES or NO (please circle one)

*Have you had a medical procedure done within the last 3 months?

YES or NO (please circle one)

Please Circle any conditions you currently have:

High Blood Pressure, Currently Taking Antibiotics, Taking Light Sensitizing Medications, Current Eating Disorder, Deep Vein Thrombosis, Recently Diagnosed Cancer, Cancer (not recent), Pregnancy, Hemophilia, Multiple Sclerosis, Lymphedema, Diabetes, Epilepsy, Fasciitis, Tendonitis, Belly Button or Body Piercings, Bone Fractures, unhealed bone deformities, Heart Pace Maker, Diagnosed Heart Condition, Circulatory Problems, Hernia, Mesh Surgery Repair, Menses, Recent Scarring, Open Sores, Abrasions, Infections, Severe Inflammation, Psoriasis, Skin that is Extremely Sensitive or Bruises Easily, Surgical Procedures Prior 6 weeks including Cesarean Section or Liposuction, Systemic Infection including swollen glands, Varicose Veins, Any Other Short Term or Chronic Illness or Conditions, Open Facial Wounds or Inflammation of the face, Sciatica, Tendon Separation, Disk Hemorrhage, Fusion of the Spine or Neck, Head Injury, neck injury, spinal injury, broken bones, seizures, pulmonary Embolism, implanted organs, recently placed IUD's, metal pins or plates, Open Wounds on the feet, Poor Samato Sensory Receptor on Feet Surface, Tumors, Head Injuries, Severe Migraines, Known Neurological Condition, Abnormally High Sensitivity to Light, direct irradiation of the Fetus or Uterus during Pregnancy, Irradiation of Eyes, trying to get pregnant, your a growing child and your epiphyseal plates are still developing, Artificial Joints, Retinal Detachment, known Retinal

Conditions

*Do you have an illness that is not listed here?

YES _____ or _____ NO _____ (please circle one)

If you answered yes, please explain:

PAGE 3 of 6

Lymph Glide Release:

If you have a pacemaker you cannot use this instrument. If you have cancer you cannot use this instrument. If you have any metal plates it is safe to use, if you experience any discomfort discontinue use immediately. If you are on antibiotics or any light sensitizing medications you should not use this instrument because of the pink light that is emitted thru the wand. If you have had lymph nodes removed please advise us of this before using this instrument. Persons with blood clots should not use this instrument. If you are pregnant you should not use this instrument. Always check with your doctor if you have a pre-existing condition. Drinking adequate water is a must after a session to help flush the toxins out of your system.

(please initial) _____

Flawless RX Release:

Individuals with pacemakers cannot use this instrument. Children are not allowed on this equipment. We do not treat, diagnose or cure anything. This machine is not represented as a cure for any disease. Using any product not approved for use with micro current can cause inflammation and a very unsatisfactory result. Only approved skin care is to be used with the instrument. There is no electrical risk to the client with this machine because it is unplugged from its electrical source and an internal battery keeps it charged when in use. No counter indications have been reported with this equipment. If you have any metal plates it is safe to use, if you experience any discomfort discontinue use immediately. A metal taste can be experienced. This is not from your fillings, it is the reaction of your salivary glands discharging toxins. If you are pregnant, you cannot use this instrument.

(please initial) _____

Body & Facial Sculpt Release:

If you have any of the following conditions, you should not have Body or Facial Sculpt sessions.

-Deep vein thrombosis, thrombosis, thrombophlebitis(phlebitis)(contraindicated on the body)

- Recently diagnosed cancer
- Pregnancy
- Hemophilia
- Uncontrolled high blood pressure
- Multiple sclerosis
- Lymphedema

If you have the following condition, the Body Sculpt should only be administered with caution and your primary physician should be consulted.

- Using prescribed anti-coagulant drugs, coumadin, heparin, aspirin based products

PRECAUTIONS: If you have any of the following conditions, you may be able to receive the Body Sculpt treatment under certain limitations.

- Cancer (not recent)
 - Diabetes
 - Epilepsy
 - Eating Disorder
 - Fasciitis, Tendonitis
 - Belly Button or Body Piercings
Cesarean/lipo
 - Bone Fractures (unhealed, bone deformities, or metal implants)
 - Heart Pace Maker/ Diagnosed Heart Condition, Circulatory Problems
 - Hernia
 - High Blood Pressure
 - Mesh Surgery Repair
 - Menses
 - Recent Scarring
 - Open Sores
 - Abrasions
 - Infections
 - Severe Inflammation
 - Psoriasis
 - Skin that is extremely sensitive/bruises easily
 - Spider Veins
 - Surgical Procedures(prior 6 weeks including
 - Systemic Infection (including swollen glands)
 - Varicose Veins
 - Any other short term or chronic illness or conditions
 - Open facial wounds or inflammation of the face
- (please initial)_____

Red Light Therapy:

Do not use light therapy if you have any of these conditions:

- cancer
- Direct irradiation of the eyes
- Treatment of patients with idiopathic photophobia or abnormally high sensitivity to light
- Patients that have been pre-treated with one or more photo sensitizers
- Direct irradiation over the fetus or the uterus during pregnancy
- Patients with pace makers
- Growing children (epiphyseal plates)
- If you are on antibiotics or any light sensitizing medications
- Pregnancy

(please initial) _____

SALON/SPA LIABILITY RELEASE:

I hereby accept all risks associated with my Spa Program and release and forever discharge Tropical Tan, Circuit Spa, and their respective heirs, directors, officers, agents, employees, representatives, volunteers, successors, and assigns, administrators, executors, and all other releases from any and all responsibilities or liability from injuries or damages resulting from or connected with my participation in any of the spa wellness programs whether arising from the negligence of the releases or otherwise.

I acknowledge and fully understand that I will be engaging in wellness activities that potentially involve the risk of serious injury or possibly permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence of others, the condition of the premises or any equipment. Further, that there may be other risks not known or not reasonably disclosed at this time.

I further acknowledge and understand that Tropical Tan, Circuit Spa, and it's staff are not licensed dietitians, practitioners or medical doctors and that any nutritional information or guidelines provided by Tropical Tan, or Circuit Spa carries no warranty of any kind, express or implied, including but not limited to warranties regarding safety or suitability for a particular purpose.

I hereby assume full responsibility for all the foregoing risks, known and unknown, and accept responsibility for the damages following any injury, permanent disability or death.

I shall indemnify and hold releasees harmless from any and all claims (including reasonable

defense costs and attorney's fees) arising out of any bodily injury or death of any person, or I acknowledge and understand that insurance coverage maintained by Tropical Tan is excess coverage and begins after the exhaustion by my, and of all other insurance coverage for which I may be eligible, including but not limited to exhaustion of all insurance coverage provided by myself.

This waiver and release agreement specifically embraces each and every event, activity or purchase sanctioned by said releasees, and has the same effect as if executed after each and every sanctioned event, activity, or purchase in which I participate so that the parties herein intend to be released, shall be fully and effectively released as to each and every sanctioned event, activity or purchase. Tropical Tan and Circuit Spa cannot guarantee that its products, instruments or programs will be safe, effective or suitable for everyone. For that reason, all such products and service, are offered without warranties or guarantees of any kind, express or implied, and Tropical Tan and Circuit Spa disclaims any liability, loss or damages that may result from their use.

A Body Sculpting Suit must be worn to use the Body Sculpt Machine.

Appropriate attire must be worn in the facility, no nudity allowed.

We do not accept responsibility or liability for the loss or damage of any personal belongings.

You are to refrain from using our facilities if you have symptoms or have been diagnosed with the following conditions: Heart Problems, High Fever, Epilepsy, Pregnancy, Skin Conditions which are infectious, or any other disorders or contagious diseases, or are under the care of a physician for a medical condition in which you have not been signed off by your physician.

By signing I agree to all terms and conditions.

X _____ DATE: _____

SIGN

X _____

PRINT

