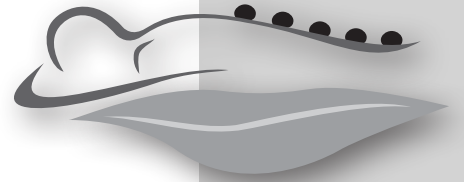


AgeLess SPA



Please note all sections of this Intake Form must be completed.

PLEASE PRINT

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred phone number to call: _____ Home Work Cell Cell Carrier:

E-Mail: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

Do You Have Any Allergies?

No Yes (Please list) _____

Please Indicate Any Medication You Are Currently Taking _____

Please Indicate The Conditions That Apply To You

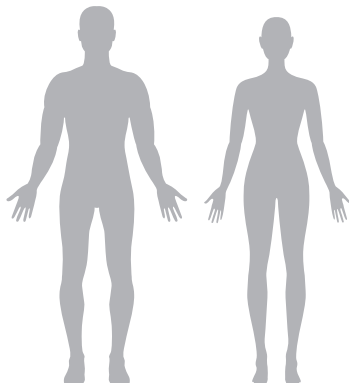
- | | | |
|--|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Disc Conditions | <input type="checkbox"/> MS |
| <input type="checkbox"/> Auto Immune Conditions | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Muscle Strain/Sprain |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Blood Pressure Concerns | <input type="checkbox"/> Headaches | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Broken/Dislocated Bones | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Hernia(s) | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Breathing Difficulties | <input type="checkbox"/> Herpes | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> None of the Above Apply |
| | | <input type="checkbox"/> Other |

Client Initials _____

Do You Have Any Of The Following Today?

Please Indicate Where

- Skin Rash
- Cold/Flu
- Open Cuts
- Severe Pain
- Contagious Illness
- Injuries/Bruises



Airbrush Tanning

Bare Escentuals Makeup

Back Facials

IMAGE Skincare

Botox & Fillers

Cosmetic Laser

Facials

Hair

Hot Stone Massage

HydraFacial

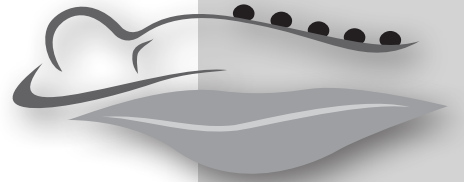
Massage

Nails

Shiatsu

Stay Young!

C O N S E N T F O R M



Consent For AgeLess Integrative Medical Spa and AgeLess SPA At Radisson Hotel Corning

- The information that I have provided in the completed form is true and accurate. Client Initials _____
- I understand that Massage Therapy, Body Treatments, and Facials should not be construed for medical treatment and that I should see a physician for diagnosis of and treatment for any medical or physiological conditions. Client Initials _____
- I will keep my practitioner informed of any concerns I have during the services. Client Initials _____
- This Intake Form and Consent are valid for the first appointment and every date after, unless I request a new document. Client Initials _____
- I understand that the services I am scheduled for may include postural assistance and touch. I will inform my practitioner immediately if that touch is uncomfortable. Client Initials _____
- I understand that all services rendered are therapeutic in nature and that sexual advances or remarks will terminate the session and that I will be liable for payment of the scheduled treatment as well as refused to be seen in the future. Client Initials _____
- AgeLess, LLC is not responsible for any and all claims including lost, damaged, or stolen personal belongings. Client Initials _____
- If the client begins to feel discomfort during their service, the client may request to discontinue their service at any time. There will be no charge for the service. Client Initials _____
- If the practitioner conducting the service feels the service is no longer reasonable to continue with the client, the service may be discontinued any time. There will be no charge for the service. Client Initials _____

Print Name: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

If you are under 18 years of age, a parent or legal guardian must sign this consent form.

Information reviewed and processed by: _____
AgeLess Staff Member

AgeLess Integrative Medical Spa
Arnot Mall (Next to JC Penney's)
3300 Chambers Rd., Suite 5238, Horseheads, NY 14845
Medical: 607.846.3960 Spa: 607.846.3962 Fax: 607.739.1276

AgeLess SPA At Radisson Hotel Corning
130 E. Tioga Ave., Corning, NY 14830
Spa: 607.684.6121

www.agelessllc.com