

Welcome to Helen's Haven

Personal history:

Name _____

Address _____

City _____ State _____ Zip Code _____ Date of Birth _____

Please circle the best number for us to reach you or leave a message.

Home phone _____ Business phone _____ Cell phone _____

Occupation _____

How did you hear about Helen's Haven? _____

To be included in our email only specials. Email:: _____

Medical information: Please complete for skin and/or massage therapy

Please circle any health conditions you may have:

Claustrophobia	Diabetes	Epilepsy	Headaches	Bruise easily	Numbness/pain
Heart Disease	High or low blood pressure	Pacemaker	Arthritis	Back pain	Sensitive to touch/pressure
Joint swelling	Varicose veins				

Other medical conditions: _____

Please explain any of the above conditions, if applicable: _____

Please list all medications you take internally or topically (li.e. Thyroid, HRT/BCP, Accutane, Retin A, Triluma, Differin):

Please list all surgeries including cosmetic:

Please list any allergies or allergic reactions, include aspirin, latex or milk allergies:

I acknowledge that the practice of skin care including micro-current treatments, microdermabrasion, ultrasound treatments, LED treatments, chemical peels, enzyme peels, facials, massage therapy, and other various beauty treatments is not an exact science and that no specific guarantees can or have been made concerning the expected result. I understand that some clients experience more change and improvement than others. In virtually all cases, multiple treatments are required in order to realize a difference.

I consent to the taking of photographs and authorize their anonymous use for the purposes of audit, education and promotion.

I also understand that the following risks and hazards may occur in connection with any particular treatment – included but not limited to:

unsatisfactory results, poor healing, discomfort, redness, blistering and scarring. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance. I also agree to hold harmless and release Helen's Haven, its officers and its employees from any liability for any condition or result, know or unknown that may arise as a result of any treatment that I receive.

Signed _____ Date _____