



www.novamedspa.com

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Parafango Consent Form

Date: _____

Name: _____

Questionnaire:

What do you hope to gain as a result of your parafango treatment?

What areas of the body that you would like your service provider to concentrate on?

Health Related:

Are you currently under a Doctor or Therapists care? Yes No

If so, why? _____

Have you had a cold or flu within the last 7 days? Yes No

Do you have any general health concerns that may be relevant to your parafango session today? **Ex. Recent surgery, pregnancy, sensitivity to touch, ect.*

Do you have any general questions that pertain to this treatment that you would like answered by your Provider prior to starting your session?

*** Notice to Client ***

It is advisable not to use any product or to shower within the next twenty-four hours after your treatment(s). Failure to do so could result in reversal of treatment results, severe swelling, and or an allergic reaction. _____ (initial here).

Consent Agreement

I, _____ understand that the body work given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increased circulation and energy flow. I understand that the massage therapist/aesthetician does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist/aesthetician does not prescribe medical treatment or pharmaceuticals, nor perform spinal manipulations. It has been made clear to me that this body work is not a substitute for medical examination and/or diagnosis and it is recommended that I see a physician for any physical ailments I may have.

I have stated all my known medical conditions on this form and/or on the Medical Health History Form and take it upon myself to keep the massage therapist/aesthetician updated on my physical health. By signing the release, I do hereby waive and release the massage therapist/aesthetician from all liability, past, present and future.

Signature: _____ Date: _____