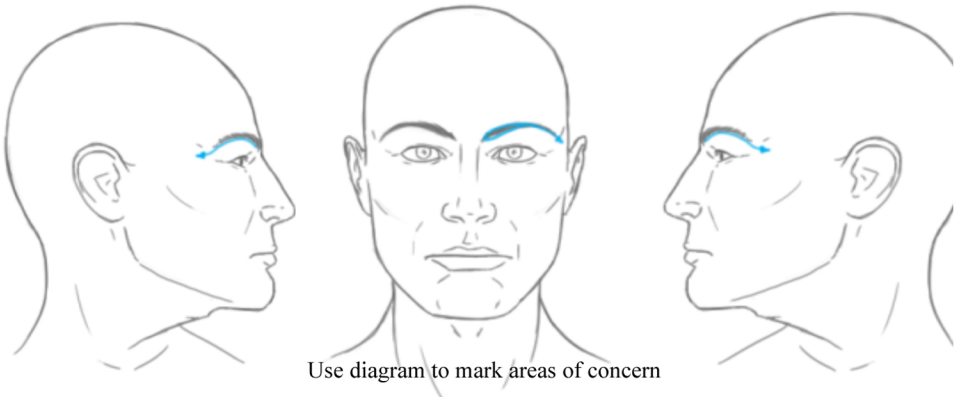
Facial Medical History Form

I, _____, am seeking the benefits from a facial treatment at Flourish Massage & Bodywork.
Print Your Name

Please check any condition listed below that applies to you:

( ) Acne
( ) Allergies
( ) Burns
( ) Bruises (easily?)
( ) Cancer
( ) Circulatory Disorder
( ) Dermatitis
( ) Eczema
( ) Headaches/Migraines
( ) Keratosis
( ) Neck Problems
( ) Open sores or wounds
( ) Psoriasis
( ) Rosacea
( ) Scars
( ) Scratches
( ) Skin Infections
( ) Skin Sensitivities
( ) Skin tags
( ) Swollen Glands
( ) TMJ
( ) Other _____



Use diagram to mark areas of concern

Please explain any condition that you have marked above:

_____

_____

My skin, in general, I feel is more: ( ) Oily & Blemished ( ) Dry & Aged

Flourish Massage & Bodywork, its staff, and doTERRA will not be held liable for any adverse reactions that may occur during or after your facial treatment.

Signature: _____ Date:_____