



CBD Intake Form

Name: _____ Phone Number: _____

Email Address(for specials and promotions): _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ Have you been here before? _____ Referred by: _____

If taking medications, what is the condition you take it for? _____

Have you heard of CBD (Cannabidiol)? _____

Have you ever used CBD products? If so, what? _____

What is your reasoning for reaching out for CBD services? _____

Please indicate any of the following conditions that you may have:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> diabetes | <input type="checkbox"/> back pain | <input type="checkbox"/> skin sensitivity | <input type="checkbox"/> neck pain |
| <input type="checkbox"/> osteoporosis | <input type="checkbox"/> headaches | <input type="checkbox"/> numbness | <input type="checkbox"/> tingling |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> low blood pressure | <input type="checkbox"/> dizziness | <input type="checkbox"/> joint swelling |
| <input type="checkbox"/> neck injury | <input type="checkbox"/> recent surgery | <input type="checkbox"/> arthritis | <input type="checkbox"/> skin condition |
| <input type="checkbox"/> open wounds | <input type="checkbox"/> contagious disease | <input type="checkbox"/> varicose veins | <input type="checkbox"/> warts |
| <input type="checkbox"/> cardiac problems | <input type="checkbox"/> digestion problems | <input type="checkbox"/> do you bruise easily | <input type="checkbox"/> other pain |
| <input type="checkbox"/> hot most of time | <input type="checkbox"/> cold most of time | <input type="checkbox"/> cold hands and feet | <input type="checkbox"/> shoulder pain |
| <input type="checkbox"/> lymphatic condition | <input type="checkbox"/> pregnant ___ weeks | <input type="checkbox"/> breast feeding ___ how long? | |

Allergies(list) _____

Please Choose your Complimentary Aromatherapy (please select one):

- Lavender Sports (Lemongrass & Peppermint)
- Relaxation (Lavender, Hawaiian Sandalwood, Plumeria Alba & Bergamot)

Preferred Pressure(circle): Light Medium Deep-\$10 Sports-\$10

Areas to Avoid(i.e. Scalp, Feet, Left Shoulder) _____

Add On Options (these options will not change the length of your appointment and do not contain CBD):

- Hand or Foot Paraffin -\$15 for one or \$25 for both (please circle one or both)
- Hand or Foot Scrub- \$10 for one or \$15 for both (please circle one or both)



Please see back side for Consent to Treat



Consent to Treat

I hereby consent for my massage therapist/esthetician to treat me with hemp based CBD treatment for the above noted purposes including such assessments, examinations and techniques, which may be recommended by my therapist. I will inform my therapist at any time if I am uncomfortable with the pressure of the massage or temperature of the room. I consent that I am 18 years of age or older, and realize that these treatments are not recommended for anyone who is pregnant or breastfeeding. I understand that every person responds to topical CBD products differently, and that Elements Day Spa does not claim to cure, treat, or eliminate any condition I may be experiencing. I acknowledge that the therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that massage therapy is not a substitute for a medical examination. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I consent to the use of Hemp based CBD being applied topically during my CBD treatment. I understand that Hemp CBD has less than 0.3% THC and will not cause any psychoactive symptoms to occur. I acknowledge and understand that the therapist must be fully aware of my existing medical conditions. I have completed my medical history form as provided by my therapist and disclosed to the therapist all of those medical conditions affecting me. It is my responsibility to keep the massage therapist updated on my medical history. CBD has been medically proven to be non-psychoactive because it does not interfere with psycho-motor and psychological functions. There have been numerous studies that show CBD is well tolerated and safe, especially in low doses. While CBD has been legalized in the State of California, it is still considered a Schedule 1 drug by the Federal Government and Elements Day Spa is not responsible for any legal actions taken against you by any authorized agent or representative of the United States government, including but not limited to, the DEA and ATF. Elements Day Spa works to ensure the purity of our purchased CBD products. However, CBD oil can still contain minute traces of THC, and use of a high quantity of CBD oil can result in very rare instances of a "false positive" in less than 0.2% of all cases. Therefore, while it is extremely unlikely the use of CBD oil will result in a positive urine screening for THC, Elements Day Spa is not responsible for any failed drug test.

The information I have provided is true and complete to the best of my knowledge. I have read the above noted consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist from time to time, to deal with my physical condition and for which I have sought treatment. I understand that at any time I may withdraw my consent and treatment will be stopped.

Printed Name: _____

Signature: _____ Date: _____