

INTRIGUE CARES

425 Joliet, Suite 212 ~ Dyer, Indiana 46311

Salon: (219) 322-9454
Fax: (219) 322-9421
www.intriguespaonline.com

Medical Clearance Form



PATIENT NAME: _____

PATIENT ADDRESS: _____

DATE OF BIRTH: _____ **PATIENT PHONE:** _____

The above patient is seeking admission to the salon and spa services offered by "Intrigue Cares" located the address above. The services are offered to help alleviate unwanted side effects of cancer treatments, such as: insomnia, muscle spasm, dehydration, hair loss, brittle nails, dry/irritated skin, nausea, anxiety and depression. Licensed salon staff will administer the services. We offer the following: massage, facials, nail services, hair services, hair and scalp treatments, aromatherapy scalp massage, customized haircut/shave and ammonia-free hair color. By completing the form below, you are NOT assuming any responsibility for our administration of services from "Intrigue Cares".

IF YOU KNOW OF ANY MEDICAL OR OTHER REASONS WHY THE PATIENT SHOULD NOT PARTICIPATE IN THE PROGRAM, PLEASE INDICATE ON THIS FORM.

To be completed by the ONCOLOGIST – please write legibly.

- I RECOMMEND THE PATIENT NOT PARTICIPATE.
- The patient is cleared for services and CAN participate.
- I believe the patient CAN participate with LIMITATION of:

PHYSICIAN NAME: _____ **TODAY'S DATE:** _____

PHYSICIAN SIGNATURE: _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____