

# “WELLNESS PROGRAM”

Active - 1 yr. post Treatment.

**TO APPLY:** Fill in Application and General Medical Release



(781) 385-9601

[www.lookfeelfab.org](http://www.lookfeelfab.org)

The location I am applying for:

\_\_\_\_\_ **WHITMAN** – Whitman Wellness Center, 7 Marble Street, Whitman, MA

\_\_\_\_\_ **NORWELL** – Jordyn Warren Esthetics, 148 Main St, Norwell, MA

\_\_\_\_\_ **WOBURN** – Anna Lotan Pro, 400 W. Cummings Park., Suite 1200, Woburn, MA

\_\_\_\_\_ **SOMERSET**– Salon Elegance and Spa, 1521 Riverside Ave, Somerset, MA

## THE APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact you: Phone: \_\_\_ Text: \_\_\_ Email: \_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## APPLICANT HEALTH INFO

Type of Cancer: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Skin Concerns: \_\_\_\_\_

Interested in Skin \_\_\_\_\_ Massage \_\_\_\_\_ Both \_\_\_\_\_

Cleanliness and Sterilization are important aspects of offering a safe, sanitary environment to those with compromised immune systems. It is also important for the protection of our facilities and employees. For that reason we are not allowed to accept anyone who may be experiencing any infectious diseases or conditions. If you are sick please call to reschedule your appointment. We also require those coming to appointments attend by themselves. If you require a care taker to be with you please contact your practitioner ahead of time. Once you arrive for your appointment call your practitioner and any follow up health questions will be conducted at that time. Masks are required when in any common areas of the facility and can only be removed at the direction of your practitioner. If you are diagnosed with COVID-19 after your appointment please advise us so we may follow proper contact tracing protocols. Looking & Feeling FAB, Inc. has the right at its discretion to approve or deny anyone to receive complimentary services. However, we believe in equal rights and no one will ever be denied based on their ethnicity, gender, religious beliefs, disability, etc.

I confirm that I understand all the guidelines, terms and services of Looking & Feeling FAB, Inc. I have entered all information above with truthful and honest answers, providing information to the best of my ability.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date