



**Mondays at Intrigue  
Medical Clearance Form**

**Patient's Name** \_\_\_\_\_

**Patient's Address** \_\_\_\_\_

**Patient's DOB** \_\_\_\_\_ **Patient's Phone Number** \_\_\_\_\_

The above patient is seeking admission to the salon and spa services offered by *Mondays at Intrigue*, located at 712 Joliet Street, Dyer, IN 46311. 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, bruising, anxiety and depression. Qualified salon staff will administer the services, including massage, reflexology, facials, waxing services, nail services, replenishing hair and scalp treatments, aromatherapy scalp massage, customized hair cut/shave and cosmetic services, such as brow shaping, lash and makeup application.

By completing the form below, however, you are not assuming any responsibility for our administration of the *Mondays at Intrigue* salon services.

***If you know of any medical or other reason why the patient's participation in the program would be unwise, please indicate so on this form.***

If you have any questions about the *Mondays at Intrigue* program, please call the salon and ask to speak with the Program Director, Ms. Shelly Schaap, 712 Joliet Street, Dyer, Indiana, at telephone: 219-322-9454.

**TO BE COMPLETED BY THE PHYSICIAN (Report of Physician) PLEASE WRITE LEGIBLY:**

I know of no reason why the patient may not participate.

I believe the applicant can participate, but I urge caution because:

\_\_\_\_\_  
\_\_\_\_\_

I recommend the patient NOT participate.

**Physician's Name** (please print) \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City & State** \_\_\_\_\_ **Zip** \_\_\_\_\_