

SPA INTAKE FORM

First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____ State: _____

Zip: _____

Cell Phone: _____ Email: _____

Male Female Age: _____ Occupation: _____ Date of Birth: _____

Referred By: _____

Would you like to receive our news and special offers by (Check all that apply) Email Text Social media Mail None

Would you prefer your reservation confirmations by: Phone and/or Email

MESSAGE THERAPY

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to providing service.

Have you ever experienced a professional massage or bodywork session? Yes No

How recently? _____

If yes, what did you like about it? _____

What didn't you like about it? _____

If yes, do you like light, moderate, or deep pressure? _____

Have you been in an accident or suffered any injuries? Yes No (If yes, please explain): _____

Do you have pain in a specific area? Yes No Please mark the image on the right:

Areas of the body to be avoided: _____

Reason: _____

Areas of the body requiring additional therapy: _____

Reason: _____

Massage requested (Circle one): Swedish Deep Tissue Volcanic Stone Shirodhara Scalp
Prenatal Massage Back, Neck & Shoulder Reflexology Four-Handed

Please list any areas of pain or discomfort: _____

MEDICAL HISTORY

Please list all medications you take internally: _____

Do you have health problems? (Please check all that apply currently or in your past)

- Heart Problems Thyroid Diabetes High/Low Blood Pressure
- Cancer/Cancer Therapy Headaches Pregnant or Lactating Back/Neck Pain
- Skin Condition HIV/Aids Hepatitis

Do you have any other medical condition we need to be aware of? _____

Have you ever experienced an allergic reaction to any drug or other substance? (If yes, please explain): _____

SKIN CARE / WAXING / HYDROTHERAPY

What skin care line are you using? _____

Do you wear makeup? Yes No What brand? _____

Please explain how you take care of your skin daily/nightly? _____

Is a Certified Organic skin care line important to you?..... Yes No

Are you claustrophobic? Yes No

Are you using Retin-A? Yes No

Are you taking Accutane? Yes No

Are you under the care of a Dermatologist? Yes No

Have you ever had an allergic reaction to a cosmetic product?..... Yes No (If yes, please explain):

What is your specific concern about your skin? _____

What are the end results that you are expecting to accomplish? _____

PERSONAL PREFERENCES (Help us enhance your experience)

Robe Size: _____ Shoe Size: _____ Favorite Drink: _____

Do you use our products? Yes No If Yes, which ones:

_____ Your reason for visiting us: Pleasure & Relaxation

Health Related Pain Relief Detox & Rejuvenation Special Occasion

Other: _____

How did you first hear about us? _____

I, the client, understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. In consideration of using the spa facilities and/or taking part in spa treatments/programs, I agree, to the fullest extent permitted by law, to forever release, indemnify, defend and hold harmless the spa, its subsidiaries and affiliates, their respective agents, officers, directors, owners, contractors and employees (collectively the "Released Parties") from any and all claims and causes of action which I (or the below-mentioned minor) might otherwise have or be entitled to assert as a result of or related to any physical injury or

otherwise, including without limitation death or property damage or loss sustained in connection with my use (or the below mentioned minor's use) of the spa facilities or participation in any spa program or treatment, including, without limitation, claims and causes of action based on negligence, breach of warranty or breach of contract. I also agree to indemnify, defend, and hold harmless the Released Parties from any and all claims brought by third parties arising out of any (or the below-mentioned minor's) acts, errors, or omissions.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____