

SPA INTAKE

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(h): _____ (c) _____ Date of Birth: _____

Occupation: _____ Emergency contact: _____

Phone: _____ Relationship: _____

Referred by: _____ Email: _____

You are here today because (please check one or more):

- | | |
|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Gift (from whom _____) | <input type="checkbox"/> Health Reasons |
| <input type="checkbox"/> Treat to Self | <input type="checkbox"/> Stress Reduction |
| <input type="checkbox"/> Regular Maintenance | <input type="checkbox"/> Other (State _____) |

You are scheduled for what type of service(s) today? _____

Please circle which service(s) you are most interested in for the future:

- | | | |
|-------------------|-------------------|-------------|
| Massage | Aromatherapy | Reflexology |
| Body Scrubs/Masks | Hot Stone Massage | Body Wraps |
| | Other _____ | Other _____ |

Do you have special dietary concerns? _____

Do you have any sensitivity to heat or cold? _____

Do you have any sensitivity to smells or scents? _____

Do you have any skin allergies or sensitivities? _____

Are you on any medications? If so please explain: _____

Do you have any medical conditions that I should be aware of? _____

Do you have any musical preferences? _____

Do you have any skin conditions or rashes? _____

What do you hope to accomplish from your visit? _____

Describe your general health: _____

Describe how well you sleep: _____

Describe your diet and exercise habits? _____

I understand that the therapist, that I see today is licensed and working within her scope of practice. I agree to pay for my treatment at time of service unless otherwise arranged.

Signature: _____ Date: _____