

SPA INTAKE

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

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

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

Employer: _____ Occupation: _____

Emergency contact: _____ Phone: _____ Relationship: _____

Referred by: _____ Marital Status: _____

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 | Pedicure | Manicures |
| Aromatherapy | Tanning | Facials |
| Reflexology | Body Scrubs/Masks | Waxing, Sugaring |
| Hot Stone Massage | Hair Care | Body Wraps |
| Flower Essences | 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 preference to therapist's gender? _____

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 all therapists, estheticians or other professionals that I may see today are licensed and working within their scope of practice. I agree to pay for my treatment at time of service unless otherwise arranged.

Signature: _____ Date: _____