



Name: _____ Date: _____

E-mail: _____ Room #: _____

Yes, please send me special offers via E-mail
 No, I do not wish to receive any E-mails

Have you ever had a spa service before: Yes No

Pressure you prefer (circle one) light medium firm extra-firm

Date of Birth: ____/____/____ Male Female Pregnant? Yes No

Have you ever been diagnosed with:
Diabetes Yes No
High/Low Blood Pressure Yes No
Cancer Yes No

Any illness or injury? Yes No If yes, please describe: _____

Any allergies to oils/fragrance etc.? Yes No If yes, please describe: _____

Do you have any medical condition that would require us to modify or limit the type of treatment you wish to receive?

Yes No If yes, please describe: _____

In accordance with California State Law (SB577) we disclose that:

- We are not a licensed physician; we cannot recognize, diagnose, or treat any medical condition
- Our services are alternative or complementary to the healing arts services licensed by the state
- The services to be provided are not licensed by the state
- Any inappropriate, illegal, or unsafe conduct will immediately terminate the spa service session
- The nature of the services to be provided are based upon massage, aromatherapy, and other alter native holistic philosophies and are exclusively for the purpose of relaxation and to increase a sense of well-being
- Any education, training, experience, and other qualifications regarding the services to be provided meet all local ordinances for the city or area in which they are performed

Signed: _____ Date: _____

If at any time any part of the treatment is uncomfortable, please tell us, we will adjust to accommodate your comfort level!

Office Use Only: Date of Service _____ Total Service Hrs _____ Time: ____:____ AM PM Job# _____

Therapist 1 _____ Hrs. _____ Therapist 2 _____ Hrs. _____

Menu Treatment(s) and Price\$ _____

Rating: Amazing Relaxing Needs Improv Tips to Room: 10% 15% 20% Other \$ _____ Front Desk Person _____

FAX 1-866-589-7237