



Guest Information Form

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Birthday: _____ Occupation: _____

Favorite Scent or Essential Oil: _____

Referred By: _____

	Text	Call	Email
<i>How do you prefer to be contacted?</i>			
For Appointments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Promotions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medications, Drugs or Vitamins (List all) _____

Have you undergone any surgery recently? (Please Explain) _____

Any recent accidents the professionals should be aware of? _____

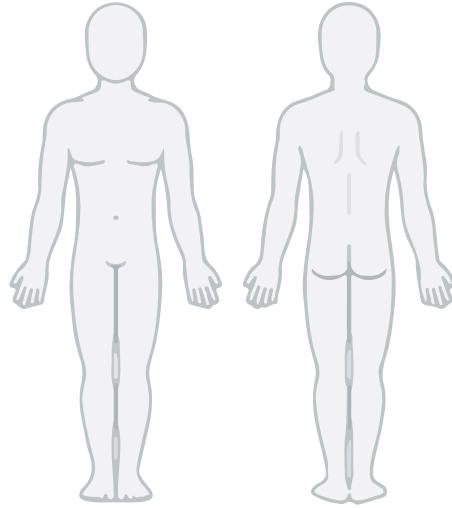
Please List all allergies: _____

Please answer the following Yes or No Questions:

	Yes	No
Have you ever had a reaction to a skin or body treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any metal implants?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>

Guest Health Information Form

Please circle any areas of concern:



Please mark (X) for all conditions that apply now, (P) for past conditions, or (F) for any family history:

_____ Cancer/Tumors _____ Diabetes _____ High/Low Blood Pressure
_____ Blood Clots _____ Varicose Veins

Please list any other health conditions you feel we should be aware of: _____

What is your approximate daily consumption of water: _____

Are you claustrophobic? _____

Please list all forms of stress reduction activities, hobbies, exercise, or sports participation:

Female Clients Only:

	Yes	No
Are you trying to become pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Are you due for your next menstrual period with the next week?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, How far along? _____

Guest Consent Form

Client Name: _____

Body treatments in general provide benefits of stress reduction, relief from muscular tension, spasm, or pain, and increase circulation. I understand that the therapists do not diagnose illness or disease, perform any spinal manipulations, nor do they prescribe any medical treatments. I am aware that the therapeutic body treatments are not a substitute for medical examinations or diagnosis, and it is recommended that I see a health care provider for those services. I accept that body treatments promise no long-term results nor will it cure my health problems.

The general benefits of body and facial treatments, and any cautions or contraindications have been explained to me. Due to certain contraindications and cautions for bodywork, the therapist must be aware of any existing physical or mental conditions. I have disclosed all such conditions in my guest profile.

I accept that a single body treatment session or body treatment used on a random basis is limited to providing general non-specific benefits.

If I choose to use body and facial treatments on a regular basis, I will participate in a detailed history and assessment process in order to determine the most effective treatment plan to achieve my goals, I realize that it is my responsibility to update the practitioner with any changes in my health status each time I receive body or facial treatments.

I agree to give 48 hours notice before cancelling any appointment. If I do not give 48 hours notice before cancelling I accept that a charge of 50% of the total service(s) may be charged to my account.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____