

Spa Consent Form

Name: _____ DOB: _____
Address: _____ City: _____ State/Zip: _____
Home/or Cell Phone: _____ Referred By: _____
Email: _____

Skin Care

Smoker: No Yes **Pregnant:** No Yes
Cosmetic Surgery: No Yes **Define Procedure(s):** _____
Medications: No Yes **Any Allergies:** No Yes **Do you use sunscreen?** No Yes
Name the Brands of the products you are using:
Cleanser: _____ Moisturizer: _____
Toner: _____ Facial Scrubs: _____
Skin complaints: _____

Massage Therapy

- Have you ever had a massage before? Y N When? _____
- Are there any current conditions that we should be aware of? _____
- Do you have any allergies or medications we should know about? _____
- May we contact your doctor if we need to consult him for safety? Y N
- Have you ever had any form of cancer? Y N
- If yes, please list the type, dates, and current status _____
- Have you had any major surgeries/injuries that we should be aware of? Y N
- Please list the date(s) and current status _____
- Please indicate if you currently or in the recent past have had the following:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Communicable Diseases
<input type="checkbox"/> Difficulty sleeping	<input type="checkbox"/> Allergies	<input type="checkbox"/> High/Low Blood Pressure
<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Headaches/Migraines	

By signing below I declare that, to the best of my knowledge, the above information is accurate and truthful. According to informed consent, I acknowledge that I am aware of the possibility of soreness following the massage. I am also aware that any massage will be NON-sexual in nature. At any time the therapist or client feels uncomfortable the massage may be terminated immediately.

Client Signature _____ Date _____

Cancellation Policy

We understand that unanticipated events happen occasionally in everyone's life. Business meetings, project deadlines, flight delays, car trouble, and illness are just a few reasons why one might consider cancelling an appointment. In our desire to be effective and fair to all of our clients and out of consideration for our therapists' time, we have adopted the following policies:

24 hour advance notice is required when cancelling a spa, acupuncture, or medical massage appointment. This allows the opportunity for someone else to schedule an appointment.

If you are unable to give us 24 hour notice you will be charged 50% of the service.

Groups (parties of 4 or more) should provide at least 72 hours notice for cancellation of their appointments or will be charged 50% if the notice is between 24 and 72 hours. Group cancellations that occur less than 24 hours of the appointment will be charged the full amount.

For NEW guests please arrive 15 minutes early for any necessary paperwork.

Late arrivals, as you can imagine, can set back the schedule. We have appointment times specifically set for you to keep everything running smoothly. If you arrive late, your session will be shortened in order to accommodate others whose appointments follow yours. Depending on how late you arrive, your therapist and the front desk will determine if there is enough time remaining to start treatment. Regardless of the length of the session you will be responsible for the full payment of that service.

Out of respect and consideration to your therapist and others customers, please plan accordingly and be on time or if you are a new guest please arrive 15 minutes early. Chiropractic appointments are not subject to the cancellation fee, but habitual cancellations or missed appointments may result in the inability to schedule future appointments.

We look forward to serving you!

I have read and understand the above cancellation policy.

Client Signature _____ **Date** _____