

All information is considered confidential: It is requested that you arrive for your appointment 15 minutes earlier, be clean, alcohol and drug free. We ask your cooperation in keeping voices low and your respect of others. For the comfort of our guests, we request that your children do not accompany you. A minimum of 24 hours (48 hours for group or spa package) cancellation notice is necessary or we must bill in full.

| | |
|--------------|-------------------------|
| FULL NAME: | |
| ADDRESS: | |
| EMAIL: | |
| PHONE: | Home: _____ Cell: _____ |
| OCCUPATION: | |
| REFERRED BY: | |

Are you currently under medical care or receiving professional counseling? YES , NO

If yes, please explain _____

Please list all if there is any health problem, injuries, surgeries, hearing aid, pacemaker, joint replacement. Please put dates and start with most recent.

| CONDITIONS | MEDICATIONS |
|------------|-------------|
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Women only: Is there any chance you are pregnant? _____

If so what month _____

When did you have last massage/ facial? _____

What are your concerns today? _____

Do we have permission to contact your Health Care Provider if the need arise? YES NO

Name of Health Care Provider _____

Phone: _____

Please acknowledge: I have read the preceding information and understand it is my responsibility to inform the practitioner about any of my health challenges and issues prior to each session. I understand that massage and or skin care can be very therapeutic nevertheless it is not a substitute for medical examination, diagnosis and treatment. It is a form of health and wellness maintenance utilizing the manual massage, skin care and energy technique.

SIGNATURE: _____ DATE _____