



Welcome! Our goal is to deliver the most pleasurable spa experiences. In order to customize your experience and assure your satisfaction and safety, please complete the questions below. The spa's professional team will deliver the best spa experience possible and fulfill all your needs.

Guest Name: _____

Address: _____

Phone: _____ E-mail: _____

Reserved Treatment Selection:

Facial

Body Treatments

Manicure

Pedicure

FACE:

Skin Type: Mature Dry Oily Combination Sensitive Very Sensitive
Rosacea Acne Problematic

Skin Concerns: Sun Damage Dehydration Sensitivity Hyperpigmentation Loss of Elasticity
Uneven skin texture Acne/Problem skin Blackheads Whiteheads Scars
Enlarged Pores Dilated Capillaries Rosacea

BODY:

Concerns: Muscle Tension Stress Discomfort Dehydration Dry Skin Oily Skin Cellulite
Circulation Sunburned Arthritis Loss of Elasticity and Firmness

HANDS AND FEET:

Concerns: Age Spots Dry Skin Dry Cuticles Callous Ingrown Nails Fragile Nails
Brittle Nails Splitting Nails

MEDICAL QUESTIONS:

Are you currently using a Retin A/Alpha Hydroxy Acids? YES NO

Women: Are you pregnant? YES NO

It is not advisable to engage in certain treatments where specific medical conditions exist. Please advise your therapist if you have personal history of:

Heart Disease Migraines/Headaches Cancer Arthritis Low/High Blood Pressure Thrombosis
Recent Surgery Skin Irritations Diabetes Allergies Claustrophobia Asthma

I declare that I am with full legal capacity and physical condition to utilize the spa facilities and I do it with full knowledge, understanding and appreciation of risks implicated therein. I hereby acknowledge and agree to use the facilities and/or treatments of the SPA with the understanding that the possible risks and/or injuries and/or diseases which I may sustain personally will be my full and complete responsibility. Through this writing, I release the spa as well as all of it's employees.

Signature: _____ Date: _____