



The following questionnaire provides the information that will enable us to provide you services and treatments safely and effectively. All information is completely confidential and vital for your protection as well as ours. Thank you for your cooperation.

First Name: _____ Middle: _____ Last: _____

Address: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone:(____) _____

Occupation: _____ Age: _____ Male Female

Date of Birth: _____ Wedding Anniversary, if married: _____

How did you hear about us? _____ If Client, provide name: _____

Would you like to receive Promotional Offers via Email? Y N

Would you like to receive Appointment Confirmations via Email? Y N

Would you like to book Appointments Online? Y N If yes, please provide a password: _____

If yes to one of the previous three questions, please provide Email: _____

Medical History:

Please list all medications you take internally: _____

Do you have any medical conditions we need to be aware of? (past and present): _____

Have you ever experienced an allergic reaction to any drug or other substance? (If yes, please explain): _____

Skin Care & Waxing:

What Skin Care Line are you using? _____ Brand of Make-Up? _____

Please explain how you take care of your skin AM/PM? _____

Are you claustrophobic? Y N Are you using Retin-A? Y N Are you taking Accutane? Y N

Under the care of a Dermatologist? Y N Ever experienced an allergic reaction to a skin or make-up line? Y N

If yes, please explain: _____

Please list any concerns about your skin? _____

Spa, Facial, and Massage Treatments are relaxing, but are not replacements for medical attention. No diagnosis will be made, nor medication given or prescribed. I consent to any of the services and treatments that I have chosen at Elite Day Spa™.

Client Signature: _____ Date: _____

Massage Therapy:

Have you ever experienced a professional massage or bodywork session? Y N How recently? _____

Please select your preferred pressure: Light Moderate Deep

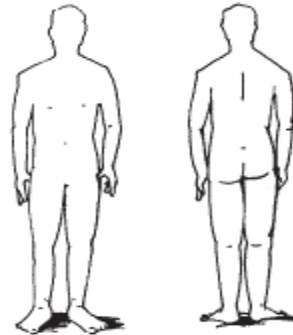
Have you been in an accident or suffered any injuries? Y N If yes, how recently? _____

Please explain injury: _____

Do you have tingling or numbness in a specific area?

Y N

Please mark, with an 'X,' any areas of pain, tightness or spasm.



Swedish massage techniques including effleurage, petrissage, percussion, friction, and vibration (shaking/jostling) may be used during the session. Acupressure, Reflexology, and/or Myotherapy (trigger point therapy) may also be used if deemed appropriate for treatment by the therapist. All parts of the client's body may be massaged, excluding the male and female genitals and female breasts. Any areas of the body that the client wishes to be avoided during the massage session, or that may need to be avoided due to a contraindication will be listed below. Any areas of the body that either the client or the therapist considers to need additional massage therapy may be indicated below.

Areas of the body to be avoided: _____ Reason: _____

Part of body to administer additional therapy: _____ Reason: _____

Draping will be used during the session. At any point a guest is uncomfortable; they may request to stop the service. I, the client, understand that the massage/bodywork I receive is provided for the basic purpose of relaxation of muscular tension. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or qualified medical specialist for any mental or physical ailment that I am aware of. In consideration of using the spa facilities and/or taking part in spa treatments/programs, I agree, to the fullest extent permitted by law, to forever release, indemnify, defend and hold harmless the spa, its subsidiaries and affiliates, their respective agents, officers, directors, owners, contractors and employees (collectively the "Released Parties") from any and all claims and causes of action which I (or the below-mentioned minor) might otherwise have or be entitled to assert as a result of or related to any physical injury or otherwise, including without limitation death or property damage or loss sustained in connection with my use (or the below mentioned minor's use) of the spa facilities or participation in any spa program or treatment, including, without limitation, claims and causes of action based on negligence, breach of warranty or breach of contract. I also agree to indemnify, defend, and hold harmless the Released Parties from any and all claims brought by third parties arising out of any (or the below-mentioned minor's) acts, errors, or omissions.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Consent to Treatment of Minor under the Age of 17: By my signature below, I hereby authorize a Registered Massage Therapists to administer massage or bodywork therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian: _____ Date: _____