

CLIENT NAME _____ MIDDLE INITIAL _____

CLIENT ADDRESS _____ APT _____ CITY _____ STATE _____ ZIP CODE _____

PHONE home (_____) _____ PHONE MOBILE (_____) _____

EMAIL _____

Circle all you wish to receive: Emails regarding Specials on your Birthday | Special Events | Service and Product Discounts | Email Confirmation | Text Confirmation

TODAY'S DATE _____ BIRTHDAY _____ UNDER 18 18-30 31-45 46-60 OVER 60

How did you hear about us (Name of client or other)? _____

Skin & Body Care Consultation

1. Are you currently or within the last year under a Physician's care? Yes No If yes, for what condition?

Name of physician _____

2. Have you undergone any surgery in the last nine months? If yes, please explain _____

3. Have you had any of these health problems past or present?

- Blood Disorder Hormone Imbalance
- Cancer Diabetes
- Epilepsy Thyroid
- Heart Problem Varicose Veins
- High/Low Blood Pressure

If cancer is marked, please explain _____

4. Have you had any lymph nodes removed? Yes No

5. Have you ever experienced any claustrophobia? Yes No

6. Do you have a pacemaker or active cancer? Yes No
If yes, please specify: _____

7. Have you ever experienced seizures or epilepsy? Yes No

8. List any medications that you are currently taking including herbal supplements _____

9. Do you use Retin-A, Accutane or any topical prescriptions? If yes, please explain _____

10. Have you ever had a reaction to any of the Following?

- Iodine AHAs Fragrance
- Medicine Cosmetics Other

Allergies _____

11. Are you pregnant? Yes No
If yes, your due date _____

12. If there are any products or services that the therapist feels may improve your skin, body or overall health, would you like us to make you aware of them? Yes No

I confirm that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment. I acknowledge that Spa Gregorie's is not a medical facility nor has the ability to diagnose illnesses or health conditions. I understand that it is my responsibility to consult my physician about any contraindications to my services that might be indicated by my response to the previous questions. I release Spa Gregorie's and its management, employees, and contractors from liability for the results of treatment that are related to any health conditions indicated on the questionnaire. I further release Spa Gregorie's and its management, employees, and contractors from the result of treatment given based upon any incorrect or incomplete information given by me. I agree to allow Spa Gregorie's to call my phone for appointment reminders.

It is Spa Gregorie's policy to require 24 hours' prior notice of any change or cancellation to any appointment. No shows or late cancellations will be subject to a charge of 100% of the service fee.

I acknowledge, accept and understand all of the above

X

CLIENT SIGNATURE

X

SIGNATURE OF PARENT OR GUARDIAN REQUIRED FOR CLIENTS UNDER THE AGE 18:
PARENT/GUARDIAN SIGNATURE