



Name: _____

Address: _____

Phone: _____ Email address: _____

Date of birth: ____/____/____ How did you hear about us? _____

Health History- Do you have, or have you had any of the following: (please circle)

- | | | |
|-------------------|-------------------------|----------------------|
| Cancer | High/Low Blood Pressure | Open cuts/bruises |
| HIV/AIDS | Heart Disease | Pacemaker |
| Defibrillator | Lupus/Fibromyalgia | Hyper/Hypothyroidism |
| Implants | Transplants | Arthritis |
| Osteoporosis | Varicose Veins | Blood Clots |
| Fractures/Sprains | Headaches/Migraines | Herpes |
| Plantar Warts | Seizures | Circulatory Problems |
| Rash/Hives | Allergies | Currently Pregnant |
| Acne | Accutane Use | Diabetes |

If you have circled any of the above, please explain: _____

List of medications: _____

Have you received a professional Massage/Facial before? ____ YES ____ NO

Reason for seeking treatment today? ____ Relaxation ____ Specific Concern

What are your concerns? _____

Have you used any peels, alpha-hydroxy, or Retin A products in the last 2 weeks? ____ YES ____ NO

Informed Consent and Release Waiver

It is my choice to receive spa therapies. I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update The Spa at the Beach Club of any changes to my health status. I understand that therapists do not diagnose illness, disease, or physical or mental disorders, nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations. I give consent to the proposed assessment given by my licensed therapist and understand the potential risks/ side effects of such assessment. My consent to receiving spa therapies is voluntary and may be withdrawn or altered at any time.

My session may be terminated immediately in the event of inappropriate conduct of any kind. This includes harassment, threatening speech or behavior, sexual advances or requests, disrespectful actions or language. A session will not be conducted if I am under the influence of drugs or alcohol. If the session is terminated for any of the aforementioned reasons, full payment for the scheduled appointment will be required.

I acknowledge that I have been offered a choice of male or female therapist, where available. I understand that if I have not expressed a preference of therapist gender, I am comfortable with the therapist (male or female) assigned to provide my service today.

It is not advisable to use a sauna under certain medical conditions, it is solely the responsibility of the guest to monitor their body and reactions. I alone am responsible for my safety and wellbeing. I agree to all safety guidelines when using the sauna, including but not limited to, drinking at least 16 oz of water prior and after sauna sessions, adhering to contraindications of medications, no alcohol use, no chronic conditions, joint injury, infections or any type of metal implants unless given prior consent by a physician.

I acknowledge that if I am unable to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone, unless I have an emergency. In this case, I will call as soon as possible to reschedule my appointment. If I miss a scheduled appointment without giving 24-hour notice, I agree to pay the missed appointment fee that applies. If I arrive late to my scheduled appointment, I will be charged for the full session and will receive the remaining duration of my appointment.

I understand that if I am under the age of 18 years old I need consent and signature of a parent or legal guardian.

Signature _____

Date _____