Spa Gregorie's DAY SPAS & SALONS

CLIENT NAME _____ MIDDLE INITIAL _____

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

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

EMAIL _____

ONLINE BOOKING PASSWORD _____

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 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

Tech Name:

Spa Gregorie's DAY SPAS & SALONS

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