



Client Information Form (All information is confidential and will not be shared with or sold to other companies.)

Name _____ Date of Birth _____ / _____ / _____

Address _____

City _____ State _____ Zip Code _____ Email _____

Primary Phone (Cell/Home/Work?) (_____) _____ Other Phone (Cell/Home/Work?) (_____) _____

Emergency Contact Name _____ Relation _____ Phone # _____

How did you hear about Balance Day Spa? Friend (name) _____

Newspaper Magazine Drove By TV Radio Email Website

Any current health conditions? (please check all that apply)

- High Blood Pressure Low Blood Pressure Thyroid Conditions Blood Disorders Menstrual Problems
- HIV/AIDS Diabetes Phlebitis Arthritis Cancer
- Heart Conditions Asthma Polio Varicose Veins Fibromyalgia
- Back Problems Headaches Digestion Problems Pregnant (# of weeks?) _____

Allergies _____

Prescription Medications _____

Skin Services

Are you taking or have you taken: Birth Control Pills Alphahydroxy acids Accutane Retin A Renova

Have you ever received a waxing service? _____ Did you experience any complications? _____

Have you undergone treatments from a dermatologist? Please explain. _____

Have you ever had a reaction to a cosmetic product? _____

What improvements would you like to see in your skin? _____

_____ I understand that redness, irritation, etc. may occur with waxing, manual and chemical peels, and other skincare treatments.

Nail Services

Have you ever had a professional manicure or pedicure before? _____

What improvement would you like to see in your hands, feet, and nails? _____

Massage Services

Have you had a massage before? _____ Please list types received. _____

What type of pressure do you prefer for massages? Light Medium Deep No preference

Do you have any areas of immediate concern? _____

By signing this form, I _____, consent to receive massage therapy, bodywork, and/or spa treatments at Balance Day Spa including, but not limited to, the following techniques and modalities: Swedish, Deep Tissue, Sports, Prenatal, Hot Stone, and/or Thai Yoga Massage; Trigger Point Therapy, Lymphatic Drainage Massage, Aromatherapy, Reflexology, Reiki, Polarity, Dry Brushing, Hydrotherapy (hot and cold applications), Salt Scrubs, Body Wraps, and Body Polishes. Unless otherwise instructed by me, I understand that full massage sessions include the back, legs, arms, hands, feet, neck, head, face, and upper shoulder/pectoral areas. Abdominal and gluteal/hip work will only be done at my request. I understand that massage and bodywork therapy is a complement to and not a substitute for medical care. I understand that due to the variable nature of human skin and physiology, no guarantees can be made to me regarding treatments and services received at Balance Day Spa. I will keep Balance Day Spa informed of all changes in my health, medications, and overall wellness.

Signature _____ **Date** _____ / _____ / _____

Parent's or Guardian's Signature if under 18 years of age _____