SPA BOTANICA CLIENT PROFILE

Name: Birthday: / /

Address:

City State: Zip: Preferred Phone: ( ) - □ Home □ Cell

What do you hope to accomplish through your visit today?_____

Communication Preferences

I would like to receive appointment reminders by: □ Phone □ Email Address _____

If receiving appointment reminders by phone but you would like to receive Spa Botanica's monthly specials via email please list address above.

May we send birthday cards, thank you notes & spa-related information to your mailing address? □ Yes □ No, please exclude me from your mailing

Who may we thank for referring you to our spa?

□ Existing Customer _____ □ Spa/Hotel Staff _____ □ Hotel Literature/Signage

□ Hotel Website □ Internet □ Mail □ Newspaper □ Radio □ Yellow Pages □ Pinnacle Country Club □ Facebook □ Twitter □ Gift Card

GENERAL HEALTH HISTORY

Please indicate below any condition you currently have or have experienced in the past:

□ Accident/Surgery
□ Acne
□ Arthritis
□ Allergies
□ Asthma
□ Back Pain
□ Blood Pressure
□ Broken Bones
□ Cancer
□ Claustrophobia
□ Communicable Disease
□ Contact Dermatitis
□ Currently Pregnant
□ Contact Lenses
□ Depression
□ Diabetes
□ Eczema
□ Fungal Infection
□ Headaches
□ Hearing Aid
□ Heart Condition
□ Hepatitis
□ Herpes
□ HIV
□ Currently Lactating
□ Lower Back Pain
□ Menopause
□ Metal Plates
□ Migraines
□ Muscle Sprain
□ Neck/Shoulder Pain
□ Numbness/Tingling
□ Psoriasis
□ Rosacea
□ Scoliosis
□ Seborrhea
□ Seizures
□ Shoulder Pain
□ Sinus Problems
□ Sleeplessness
□ Thyroid
□ TMJ (jaw)

Please provide specific details for health conditions checked. Please also list medications you are currently taking:

_____

Have you taken medication (including Tylenol) for fever and/or had symptoms of contagious illness such as cold or flu in the last 48 hours?

□ Yes □ No *For the protection of your health, our staff and guests, please answer honestly. Some spa treatments may worsen your symptoms.*

CONSENT FOR TREATMENT AND CODE OF CONDUCT

I understand massage, skin and body treatments are for relaxation, stress reduction, muscle pain relief, beautification and for increasing circulation. I understand spa treatments are not a substitute for medical treatment or diagnosis. I have stated all my known medical conditions honestly. I understand Spa Botanica reserves the right to refuse treatment if determined unsafe for me due to any current or past medical conditions. _____ (initial)

As a spa guest, I agree to communicate my preferences, expectations, concerns and discomforts to my therapist throughout my visit.
I will treat guests and staff with the same courtesy and respect I will receive- by making prior arrangements for children, arriving on time for appointments, turning my cell phone off before entering the spa, speaking quietly in "whisper zones" and adhering to all other published policies and procedures. I understand any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment for the "full" scheduled appointment. Should a therapist make me uncomfortable, I too have the right to end service at any time and will promptly report misconduct to the spa director. _____ (initial)

Should I need to cancel or change future appointment dates and/or times, I agree to give a full 24 hour notice for single appointments and 48 hours for multiple appointments. If I choose to cancel services with less than the required time, I am responsible for payment of services scheduled. I understand charges will be applied to the credit card and/or gift card/s used to confirm my initial reservation. _____ (initial)

Client Signature _____ Date / /

SPA BOTANICA

CLIENT PROFILE

PLEASE COMPLETE THIS SECTION IF YOU ARE RECEIVING A MASSAGE OR BODY TREATMENT

What are your present concerns?
□ Dry Skin □ Breakouts □ Elasticity/Firmness □ Cellulite
□ Muscle Tension/Pain Mgmt

How often do you receive massage?
□ Weekly □ Monthly □ Rarely □ This is my first massage

How often do you receive body treatments?
□ Monthly □ Quarterly □ Rarely □ This is my first body treatment

What type of massage pressure do you prefer? □ Light □ Medium □ Firm

Please list areas you would like us to spend extra time on today:
_____

Do you use any of the following products?
□ Body Scrub What Brand? _____
□ Body Wash/Soap What Brand? _____
□ Body Moisturizer What Brand? _____
□ Body Firming Cream What Brand? _____
□ Bath Oil What Brand? _____
□ Hot/Cold Packs
□ Aromatherapy What Brand? _____

Please list any areas you do not want massaged today:
_____

PLEASE COMPLETE THIS SECTION IF YOU ARE RECEIVING A FACIAL OR FACIAL MASSAGE

SKIN TYPE
□ Normal □ Oily □ Dry □ Combination □ Sensitive Skin

When exposed to the sun, my skin:
□ Burns easily □ Tans easily □ Never Burns □ Never Tans

EYES
□ Crows Feet/Wrinkles □ Puffiness □ Lack of Elasticity □ Dark Shadows

MOUTH
□ Wrinkles □ Nasolabial Fold □ Hyper Pigmentation

CHEEKS
□ Loss of Elasticity □ Cross wrinkles (sun damage) □ Dilated Pores
□ Hyper pigmentation □ Uneven Texture □ Visible Capillaries

NECK & Décolleté AREA
□ Wrinkles □ Lack of Elasticity □ Sun Damage □ Hyper pigmentation

How often to you receive a facial? □ Regularly □ Seldom □ Never

If you could change one thing about your skin, what would it be?
_____

Have you ever had an allergic reaction to a skincare product? □ Yes □ No
If yes, please explain. _____

CURRENT SKIN CONCERNS
□ Acne □ Aging □ Blackheads □ Dry Skin □ Enlarged Pores
□ Sensitive/Breakout □ Very Sensitive/Rosacea □ Acne □ Mature
□ Hyper pigmentation □ Oily Skin □ Redness □ Scars □ Tightness

FACIAL PROCEDURES
Please check all services you have recently received:
□ Microdermabrasion
□ Chemical Peel
□ Waxing
□ Botox Injections
□ Laser Treatments
□ Collagen Injections

Please list the brand of product you use for the following:
□ Eye makeup remover _____
□ Cleanser _____
□ Toner _____
□ Moisturizer _____
□ Exfoliator _____
□ Mask _____
□ Make-up _____
□ Sunscreen _____