

# SPA 122

## Guest Profile

PLEASE PRINT

Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

CONTACT #s:

Home # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Business# \_\_\_\_\_

Email: \_\_\_\_\_ Would you like to receive our newsletters? Yes / No

Male / Female Married \_\_\_ Children \_\_\_

Birthday mm/dd/yy \_\_\_\_\_ Anniversary mm/dd/yy \_\_\_\_\_

How were you REFERRED? \_\_\_\_\_

What is your profession? \_\_\_\_\_

### Medical Record

Please circle any medical problems you have or have had:

Blood Pressure: Low / High	Anemia	Skin Disease, Rash or Inflammation
Tuberculosis	Arthritis	Sunburn
HIV/AIDS	Fibromyalgia	Skin or Eye Sensitivity
Cancer	Multiple Sclerosis	Easily Bruised
Diabetes	Lupus	Nail or Foot Fungus
Heart Problems	Scoliosis	Asthma
Stroke	Herniated Disc	Headaches/Migraines
Hepatitis: A B C	Phlebitis/Blood Clots	TMJ Syndrome

Please explain any allergies, other conditions or concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you under a physician's care now? YES / NO

If yes, why? \_\_\_\_\_  
\_\_\_\_\_

Briefly, list / explain any medications you are currently taking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any health, medical problems, surgeries, occur within the past year? YES / NO

If yes, why? \_\_\_\_\_  
\_\_\_\_\_

Do you have any spinal injuries? YES / NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you pregnant, trying to become pregnant, or nursing? YES / NO

I have completed the above information and thoroughly discussed it with my practitioner. I understand that this work does not constitute medical treatment but rather is a form of health maintenance utilizing the techniques and principles of, but not limited to massage, skin care, waxing, and cosmetology. I take full responsibility for alerting my practitioner to any physical conditions which would affect this work. I will also note that I will not hold SPA 122 LLC / SPA 122 & Salon and/or employees responsible for any false or lack of information on my behalf.

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_