



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Are you under 18? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

\* Would you like to receive emails regarding upcoming events & promotions? Yes or No

\* Would you like to receive appointment reminders via text message? Yes or No

If Yes: Who is your cell phone provider? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

#### General Health Questions:

1. Rate your level of stress (5 is highest): 5 4 3 2 1

2. Please list any allergies you may have: \_\_\_\_\_

3. Any recent history of injury, surgery or illness, which may impact your service(s) today? If Yes, please explain: \_\_\_\_\_

4. Please list any current medications you are taking: \_\_\_\_\_

5. Are you currently pregnant? Yes or No If yes, which trimester? 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

I have answered these questions to the best of my knowledge, listing any conditions and allergies that may have bearing on services provided by *Simply Your Spa*. I give my therapist permission to perform spa services and hold him/her blameless for any liability, which may result from those treatments.

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Date

**Please see reverse side for additional questions regarding our services\***

## Massage & Body Treatments

1. Have you ever had a professional massage? Yes or No
2. When was your last massage? \_\_\_\_\_
3. What type of pressure do you prefer: Light Medium Firm Very Firm Unsure
4. Is there any area of your body you do not want massaged? \_\_\_\_\_
5. Are there any specific areas you would like to concentrate on? \_\_\_\_\_
6. What are your goals for this massage session?  
Relaxation Pain Relief Stress Reduction Other \_\_\_\_\_

## Waxing Services

1. Have you had waxing services before? Yes or No
2. If yes, when was your last waxing service? Less than one month or More than one month
3. Do you have or are you prone to: Ingrown hairs \_\_\_\_\_ Scarring/Keloids \_\_\_\_\_ Bumps \_\_\_\_\_  
Bruising \_\_\_\_\_ Hyperpigmentation \_\_\_\_\_ Herpes Virus \_\_\_\_\_

Waxing may have certain side effects to include: Skin removal, redness, swelling, scabbing, Tenderness, bruising, hyperpigmentation, pimples. Waxing soft tissue may cause the skin to tear. Complications occur most commonly with Brazilian and Bikini Waxes.

I have read the above information and will discuss any additional concerns with my skin care professional. I give permission to perform the waxing services requested and hold him/her blameless for any liability, which may result from this treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Make-Up Consultation

We now carry *jane iredale mineral cosmetics* known as the skin care make-up.

1. What cosmetic make-up line do you currently use? \_\_\_\_\_
2. Would you be interested in a complimentary make-up consultation? Yes No Unsure
3. Would you like us to contact you about setting up a complimentary consultation? Yes No