



Welcome to our Spa! The information you provide below is personal and confidential and will only be seen by your technician. This information is to ensure that you will have a healthy, pleasant experience.

Name _____ Birthdate _____
Last First

Address _____
Street Name City State Zip

Phone # _____
Home Cell/Other

E-Mail _____

In Case of an Emergency, Please Call:

Name Phone

MEDICAL INFORMATION

- Yes No Do you have any Allergies? (Latex, Algae, Sulphur, Pollen, Asthma) Specify 1. _____
Yes No Are you Pregnant? If yes, how many months? 2. _____
Yes No Do you have High Blood Pressure or any Heart Conditions? 3. _____
Yes No Do you have any Medical Condition/Special Needs? 4. _____
Yes No Are you currently taking any Medication or under Medical Treatment 5. _____
Yes No Any Recent Surgeries? 6. _____
Yes No Metal Implants or Pacemakers 7. _____

FOR MASSAGE & BODY TREATMENTS

- Yes No Do you have Diabetes?
Yes No Do you experience frequent headaches?
Yes No Do you suffer from epilepsy or seizures?
Yes No Do you have soreness in any specific area?
Yes No Do you have varicosity?
Yes No Do you have back problems?
*information for emergency only

FOR FACIAL TREATMENTS

- Yes No Do you take Accutane or Tetracycline?
Yes No Do you use Retin-A?
Yes No Are you claustrophobic?
Yes No Do you use Reinol, Glycolic or AHA Product?
Yes No Do you use Hydro Cortisone?
Yes No Are you wearing Contact lenses?

Is this your first visit to our Spa? Yes _____ No _____

Is there any other information that you would like your therapist to know to ensure that you receive the best service possible? _____

I have read and voluntarily provided Turf Valley Spa with appropriate information to complete these services as a form of health and wellness and thereby understand this work does not constitute as medical treatment. I agree to hold Turf Valley and its therapist harmless for the performance of these services. I hereby relinquish Turf Valley and its therapist from any obligation to perform the services authorized and described by my therapist. For future treatments, I accept responsibility to notify Turf Valley of any physical, mental, or emotional changes to my medical history.

Client Signature: _____ Date: _____