

Guest Intake Form

Name: _____ Occupation: _____

Address: _____ (City) _____ (Zipcode) _____ Referred By: _____

Phone: (C) _____ (H) _____

Email: (Updates/Confirmations): _____

Today's Date: _____ Birthday: _____ (Birthday specials)

How did you hear about Natural Elements Spa & Salon?

- Facebook
- Website
- Walk-In
- Spa Finder Gift Card
- Friend/Relative
- Best of Chesapeake
- Google

Are you currently under the care of a physician and/or dermatologist?

- Yes No

If yes, why and for how long? _____

Are you diabetic?

- Yes No

Are you currently taking any medications, herbs, or vitamins?

- Yes No

If you answered yes, please provide additional information below.

Internal: _____

Topical: _____

Do you suffer from any allergies? Please list (specifically food, fragrances, & latex)

Are you currently pregnant?

- Yes No

If yes or trying, how far along? _____

Facial/Waxing Analysis

Do you use Accutane, Differin, Retin-A, AHA's, Glycolic Acid, Cortisone, blood thinners, diabetic medication, or any other topical Vitamin A?

- Yes No

Do you wear contact lenses?

- Yes No

What areas of concern do you have regarding your skin? (Check all that apply)

- Fine Lines
- Dehydration
- Excessive Oil
- Redness, Sensitivity
- Clogged Pores, Acne
- Eyes - Fine Lines, Puffiness

Do you use any if the following? (If yes, please list the brand)

Cleanser: _____

Toner: _____

Exfoliant: _____

Mask: _____

Moisturizer: _____

Sunscreen: _____

Make-Up: _____

Pedicure/Manicure Analysis (W)

What areas of concern do you have regarding your nails? (Check all that apply)

- Nails- Split, Peel
- Nails- Crack/Break Open Low to Skin
- Nails- Too Soft or Too Hard
- Cuticles- Dry, Torn, Swollen, Red
- Hands/Feet- Crack, Break Open, Bleed
- Feet- Rough, Calluses
- Feet- Fungus

Massage/ Spa Capsule/ Steam Shower Analysis

Have you ever received a massage?

- Yes No

If yes, when? _____

Please check all that apply:

- Circulatory /Varicosities Problems
- Skin Condition
- Migraines
- High or Low Blood Pressure
- Depression or Anxiety
- Acute Pain
- Arthritis
- Painful Joints/Swelling
- Tingling/Numbness in limbs
- Diabetes
- Heart Attack/Shortness of Breath
-

Other/Allergies: _____

Any recent (within the last 6 months) or past injury, accident, or surgery?

Are you on a diet, cleanse, or fasting program at this time?

- Yes No

What type of massage pressure do you prefer?

- Light
- Medium
- Deep

Salon Analysis

When/What was your last chemical hair service?

Have you received a highlight service in the last year?

Have you received a chemical relaxer, straightener, or perm in the last year? _____

Please describe your daily hair regimen.

Please express your hair goals.

Do you have any at-home care concerns?

I, the client, understand that massages, bodywork and facials I receive are provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massages, bodywork, or facials should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me are considered sexual harassment and will result in the immediate termination of the session, and I will be liable for payment of the scheduled appointment; additionally, any similar remarks or advances made by a spa employee will result in termination of the session by me immediately and will be reported to the Spa Manager immediately. By signing below, I further agree that I will not hold Natural Elements Spa & Academy, Inc. Spa affiliates, or any of the employees responsible should there be any unfavorable outcome or result.

Cancellation Policy and Return Check Fee:

Our certified spa & salon professionals take extra special time and care in preparing for your appointment. Please respect our time as we respect yours. If you cannot make your appointment, we require 24 hour notice for all cancellations. For this reason, credit card or gift certificate is required to book an appointment. **A \$15.00 rebooking fee or a charge of 100% of the service will be applied to any appointments cancelled without 24 hours' notice. If rebooking at the time of cancellation you will be charged a \$15.00 rebooking fee only. No-show appointments will be charged 100% of the service. Gift Certificates will automatically be charged according to the above guidelines. Return Check Fee is \$35.00.** If you are late for your appointment we will not be able to accommodate your full session time due to other clients following appointments. **The Full value of the treatment will be charged.**

Signature: _____

Date: _____