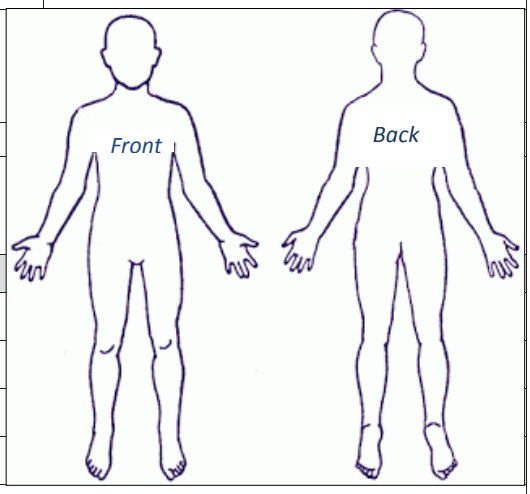
Guest Intake

Name:	Date:	Occupation:
Address:	Phone:	Date of Birth:
City: Prov: Postal Code:		
Notes for your treatment provider:		



PLEASE SHADE ABOVE AREAS OF CONCERN

General Health

1. Rate your level of stress: (5 = highest, 1= Lowest) 1. 2. 3. 4. 5.
2. Do you have any metal implants, a pacemaker or body piercings?
3. Do you wear contact lenses? Yes No
4. Please list any accidents or surgeries:
5. Please list all Allergies :
6. List the medications you are currently taking:

Massage Services	**Goal For your massage session**
Have you ever had a professional massage before?	❑ Relaxation ❑ Pain Relief
What type of pressure do you prefer? ❑ Light ❑ Medium ❑Firm	❑ Stress reduction ❑ Specific area of concern

Health History

❑Heart Condition	❑Lymph Edema	❑Herpes/Shingles	❑High Blood Pressure	❑Low Blood Pressure
❑Numbness/Tingling	❑Sinus Problems	❑Eczema	❑Chronic Pain	❑Varicose Veins
❑Rashes	❑ Jaw /TMJ	❑ Blood Clots	❑Constipation	❑Sprains/Strains
❑Diabetes	❑Gas/Bloating	❑Headache	❑Arthritis	❑Spasms/Cramps
❑Fracture/Break	❑Pregnancy (weeks)	❑ Fatigue/Sleep Disorder	❑Depression/Anxiety	❑Tanning in past 24hrs
❑Eczema/Psoriasis	❑Claustrophobia	❑Cancer ,Type:		❑Iodine/Shellfish Allergy

Skin Care (for Aesthetic Services guests only)

1. Are you under the care of a dermatologist Yes No
2. Do you use: ❑Accutane ❑Renova ❑Adapalene ❑Other prescription skin products
3. Have you had: ❑Chemical peel ❑Botox/Rejuvaderm ❑Fillers ❑Resurfacing treatments
4. Are you currently using any products that contain: ❑Glycolic Acid ❑Lactic Acid ❑Vitamin A
5. Do you have any skin sensitivities or irritants?

Skin Maintenance

Products You Use: ❑Soap ❑Cleanser ❑Toner ❑Moisturizer ❑Exfoliant ❑ Mask

Skin Type: ❑Oily/Congested ❑Dry/Dehydrated ❑Acne

In consideration for receiving Healing Springs Spa services, I hereby release, waive, discharge, and covenant not to sue Healing Springs Spa, Harrison Hot Springs Resort and Spa or it's owners, officers, agents, servants, contractors or employees from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on the Harrison Hot Springs Resort and Spa premises.

SIGNATURE: _____ DATE: _____

I, _____, Legal guardian of_____
Consent to the treatment of the above named dependent child.
SIGNATURE: _____ DATE: _____

HEALING SPRINGS SPA USE ONLY:

Reception Notes:

	Service	Of Note:

Treatment Notes:

Service Provider	Service	Of Note: