



the spa at willow bend

Guest Check-In

Name: _____ Sex: M / F Date: ____ / ____ / ____ Phone: _____

Address: _____ City/State/Zip: _____ DOB: _____

Email: _____ @ _____ Occupation: _____

YOUR HEALTH

Please Circle All That Apply

- | | | |
|---------------------|-------------------------|-----------------|
| Allergies | Fever/Flu | Recent Surgery |
| Arthritis | Fragile Capillaries | Sunburn |
| Asthma | Heart | Thrombosis |
| Back Problems | High/Low Blood Pressure | Thyroid |
| Cancer | Liver Problems | Varicose Veins |
| Cold Sores/Herpes | Metal Pins/Plates | Skin Disorders |
| Contagious Diseases | Multiple Sclerosis | Kidney Problems |
| Diabetes | Osteoporosis | |
| Epilepsy | Recent Scar Tissue | |

Are you currently under the care of a Health Care Professional?
Y / N if yes, please elaborate: _____

Are you currently taking any prescription medications?
Y / N if yes, please elaborate: _____

Are you currently taking any non-prescription medications, supplements, diuretics, slimming tablets, etc?
Y / N if yes, please elaborate: _____

Are you currently applying any topical medications that might affect your skin?
Y / N if yes, please elaborate: _____

Have you used Retin A, Renova, Avita, Differen, Accutane, Avage, Adapalene, Azele or Tazorac in the past 2 weeks?
Y / N if yes, please elaborate: _____

Have you ever had any surgery? Y/N if yes, please elaborate: _____

Do you have any medical conditions, health problems, or other physical conditions?
Y / N if yes, please elaborate: _____

Are you currently pregnant or have you recently given birth?
Y / N if yes, please elaborate: _____

YOUR LIFESTYLE

- | | | | |
|-----------------------------|-------|---------------------------------------|-------|
| Do you smoke? | Y / N | Do you have regular sleep patterns? | Y / N |
| Do you exercise regularly? | Y / N | Do you have active herpes? | Y / N |
| Do you wear contact lenses? | Y / N | Are you under a dermatologist's care? | Y / N |

IMPORTANT INFORMATION

It is my choice to receive a service(s). I understand that the information given above is strictly confidential and will be used for no other purpose than to assist the therapist in providing the best treatment or to provide relaxation and relief of muscular tension. I also understand that failure on my part to disclose information could result in injury and /or illness. I hereby release the spa at willow bend from any claims, liability(s), or property damage/loss.

**Please note: for guests under 18 years of age, a parent or legal guardian must sign below.

Print Name: _____ Client Signature: _____