ethos
fitness · spa · for women

CLIENT INTAKE INFORMATION FORM

Date: _____

Name: _____ Preferred name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (day)_____ (eve)_____ Mobile: _____

Occupation: _____ Employer: _____

Referred by: _____ Physician: _____

Email: _____ Date of Birth: _____

Emergency contact – name & number: _____

In order for the spa to better serve you, we would appreciate if you could fill out the following information:

How did you hear about us? ◇Walking by ◇Word of Mouth ◇Website/Internet
◇Publication (If so, which one _____) ◇Member / Guest Referral_____

Primary reason for appointment:_____

Previous experience with massage/facial/body treatment: _____

PLEASE MARK (X) FOR ALL CONDITIONS THAT APPLY NOW. PUT A (P) FOR PAST CONDITIONS

Pain Scale: minor –1 2 3 4 5 6 7 8 9 severe –10

___ pregnancy
___ headaches, migraines
___ asthma/lung conditions
___ spinal column disorders
___ vision problems
___ hearing problems
___ injuries to face or head
___ sinus problems
___ jaw pain, TMJ problems
___ hernia
___ back/neck problems
___ muscle/joint pain
___ heart, circulatory
___ arthritis, tendonitis
___ cancer, tumors
___ numbness/tingling
___ sprains, strains
___ depression
___ fatigue
___ diabetes
___ muscle, bone injuries
___ high/low blood pressure
___ allergies, sensitivities
___ blood clots
___ varicose veins
___ rashes, athlete's foot
___ infectious diseases
___ tension, stress
___ other _____

Explain further any areas noted above, such as health conditions**, allergies**, etc: _____

_____

Current medications, including aspirin, ibuprofen, herbs, supplements, prescription skin medication, (accutane, Retin-A, etc)_____

_____

Surgeries &/or Accidents (including plastic surgery): _____

Please list all forms & frequency of stress reduction activities, hobbies, exercise or sports participation: _____

_____

For Facials: Describe your skin type_____Do you follow a home skin care regimen? ___Yes ___ No
If so, check all that apply:

___ eye/makeup remover
___ day cream
___ masque
___ facial cleaner
___ night cream
___ eye cream
___ toner/astringent
___ scrub/exfoliant
___ AHA/BHA products/peels
___ sunscreen/sunblock
___ serum
___ OTC acne treatments

For Facial. Body Treatment, and Massage Clients:

If at any time you feel uncomfortable during your service, you may elect to discontinue the service. Ethos reserves the right to stop any service should the guest or staff member be in harm. Thank you for answering the questionnaire. By doing so, you enable our technicians to give you the most personalized, effective, and comforting treatment possible.

I understand that the massage I receive is for the purpose of stress reduction and relief from muscular tension, spasm, or pain and to increase circulation. If I experience any pain or discomfort, I will immediately inform the massage practitioner. I agree to keep the massage practitioner updated as to any changes in my health profile, and I release Ethos from any liability if I fail to do so.

Client's signature: _____

Consent to Treat a Minor:

By my signature I authorize Ethos to provide therapeutic massage, facial or body treatment to my child or dependent.

Signature of Parent or Guardian: _____

ALL INFORMATION RECEIVED ON THIS FORM IS COMPLETELY PRIVATE AND CONFIDENTIAL.

Internal: Input into System Signature: _____ Date: _____ Note:_____