



Registration Form

Name: Mr./Ms./Mrs. _____ (M/F) Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ (Home/Work/Cell)

Email: _____ Birthday: _____ (m/d/y) Age: _____

(by providing your email address, you agree to receive special offers and events notification, announcements, newsletters and other correspondence from Spa Réveil)

Please check all of the conditions that currently apply to you

- Arthritis
- Allergies _____
- Contact lenses
- Differin
- Dizziness
- Edema
- Epilepsy
- Extremity numbness
- Heart Condition
- Diabetes
- Insomnia
- Poison ivy/oak
- Pregnant, # of wks/mo _____
- Recurring headaches
- Sciatica
- Skin Disorders
- Skin Sensitivity
- Broken bones
- Cancer
- Chest pain
- Neck Pain
- Claustrophobia
- Cold sores/open lesions
- Herniated/bulging disc
- High low blood pressure
- Hormone Therapy
- Muscle Pain/Discomfort
- Osteoporosis
- Thyroid Disease
- Varicose veins
- Other _____

Please identify which of the above conditions have applied to you in the last 5 years to include any known allergies:

Are you currently, or have you been within the last year under a physician's care? ___ Yes ___ No

If yes, please clarify: _____

Are you presently taking any medications (prescribed, over the counter or supplements)? ___ Yes ___ No

If yes, please clarify: _____

What are your treatment goals?

How did you hear about us? (Please check all that apply)

- | | | | |
|-------------------------------------|---|---|------------------------|
| <input type="checkbox"/> Yelp | <input type="checkbox"/> Internet Search | <input type="checkbox"/> TV/Radio | Magazine (pls specify) |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Domain Signage | <input type="checkbox"/> Friend/Family | _____ |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Domain Stores | <input type="checkbox"/> Spa Employee | Other (pls specify) |
| <input type="checkbox"/> CitySearch | <input type="checkbox"/> Domain Residence | <input type="checkbox"/> Gift Certificate | _____ |

Which of the above led you to Spa Réveil today? _____

Please Complete for Massage/Body Treatments

During your massage, are there any areas that you would like us to avoid? _____

If pain is a factor, please complete the following:

Location of pain: _____ Pain with motion ___ Yes ___ No

What makes it better? : _____

What makes it worse? : _____

Please Complete for Skin Care/Waxing Treatments

Please check the skin care treatment that you prefer: ___ Organic ___ Clinical

Please indicate which of the following apply to you and provide the most recent date:

Accutane _____ Tanning bed use _____

Antibiotics _____ Exfoliation (shaving, waxing, or scrubs) _____

Facial Peel _____ Retin-A(prescription strength) _____

Do you have any of the following skin conditions? If yes, please indicate the most recent date:

Eczema _____ Rosacea _____

Psoriasis _____ Sunburn _____

When exposed to the sun, do you? ___ Burn Easily ___ Tan Easily ___ Never Tan ___ Never Burn

Other dermatological conditions, please describe: _____

Waxing Clients Only: Have you ever been waxed? ___ Yes ___ No

If so when was the date of last appointment? _____

Do you have recent scar tissue, cuts, bruises or other abrasions to area being waxed? _____

Male Clients Only: What is your current shaving system? ___ Wet ___ Electric

Do you ever experience irritation from shaving? ___ Yes ___ No

Do you experience ingrown hair? ___ Yes ___ No

Please sign to acknowledge that you have read and agree to the following:

I understand that the treatments I receive are provided for the basic purpose of skin care, nail care, relaxation, and/or relief of muscular tension. I fully understand that the use of Retin-A (and any similarities), chemical exfoliants and Accutane are contraindications for waxing services and must be disclosed. If I experience any pain or discomfort during my session, I will immediately inform the provider so that the treatment may be adjusted to my level of comfort. Spa Réveil uses proper draping during massage and body treatments, and does not engage in massage of the breasts, private areas or any areas near them. I understand that services may be stopped at any time as requested by client or therapist. I understand that spa services are not substitutes for medical examinations and treatments and therapist will not diagnose, prescribe or treat any medical conditions. I will indemnify and hold harmless Spa Réveil, its owners and employees against any and all actions, costs, claims, losses, injuries, property or physical damages in any manner resulting from my use of the services and facilities at Spa Réveil. I also acknowledge that Spa Réveil will not be responsible for the theft or damage to my personal property left in a locker or any area within the spa.

By my signature below, I acknowledge that I have read the Liability release carefully, have not withheld any information that may be relevant to my treatment and understand the meaning of its contents, agreeing to be bound to this release.

Guest Signature: _____ **Date:** _____

Guardian Name (required for guest aged 12-16 years): _____

Guardian Signature (required for guest aged 12-16 years): _____ **Date:** _____

SPA USE ONLY	Therapist Name	Initials	Treatment	Date
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
April 2013	_____	_____	_____	_____