

# Enchanteria Day Spa

*Be renewed in mind, body and spirit*

First Name : \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Occupation: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

Would you prefer your reservation confirmations by (check all that apply): Phone Email Text

Your reason for visiting today: Pleasure & Relaxation  Pain Relief  Detox & Rejuvenation  Other

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## PERSONAL PREFERENCES *Help us enhance your Enchanteria Day Spa experience*

Do you have any sensitivities to essential oils or aromatherapies? \_\_\_\_\_

Do we have your permission to use your photo and/or video

for before and after of services/ treatments? (We will not include any identifiable information.)  Yes  No

If available would you like to receive Enchanteria news and special offers by (Check all that apply)

Email  Text  Social Media: Instagram Handle \_\_\_\_\_  Mail  None

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## MEDICAL HISTORY

Do you have health problems? (Please check all that apply currently or in your past)

Heart Problems  Thyroid  Diabetes  High/Low Blood Pressure  Cancer/Cancer Therapy  Headaches

Pregnant or Lactating  Back/Neck Pain  Skin Condition  HIV/Aids Hepatitis

Please list any Medications you take: \_\_\_\_\_

Do you have any other medical condition we need to be aware of?

\_\_\_\_\_

Have you ever experienced an allergic reaction to any drug or other substance? (If yes, please explain):

\_\_\_\_\_

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## SKIN CARE/BROWS

What skin care line are you using?

\_\_\_\_\_

Do you wear makeup?  Yes  No If yes, what

brand? \_\_\_\_\_

Please explain your skin care routine:

\_\_\_\_\_

Are you claustrophobic?  Yes  No Are you using Retin-A?  Yes  No Are you taking Accutane? Yes  No  Are you under the

care of a Dermatologist?  Yes  No Have you ever had an allergic reaction to a cosmetic product?  Yes  No

If yes, please explain. \_\_\_\_\_

Do you have any specific skincare concerns?

\_\_\_\_\_

What skincare goals are you looking to accomplish? (Ex. eliminate fine lines, firm skin, clear skin) Is this your first facial?

\_\_\_\_\_

**MASSAGE THERAPY:**

Please Note: Draping will be maintained throughout the massage session. Only extremities will be exposed during treatment of arms and legs.

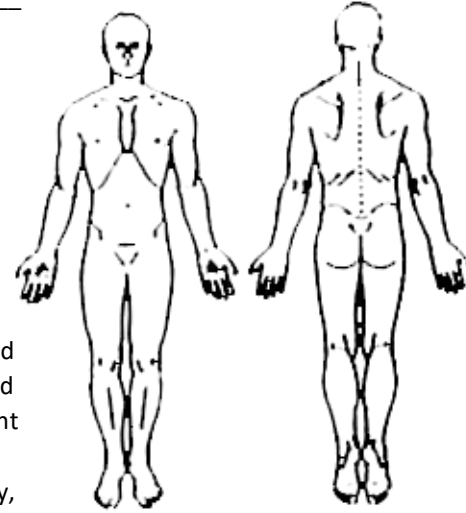
How long has it been since your last massage? \_\_\_\_\_

Have you been in an accident, had surgery or suffered any injuries? Yes No (If yes, please explain.)

Do you have any numbness or tingling?  Yes  No  If yes, where? \_\_\_\_\_

Are there any areas you would like your therapist to focus on? **See diagram to the right.**

Are there any areas you would like your therapist to **avoid**?



*Please circle any areas of tightness, pain or spasm*

**Please take a moment to carefully read the following information and sign where indicated**

I, the client, understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. 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. In consideration of using the spa facilities and/or taking part in spa treatments/programs, I agree, to the fullest extent permitted by law, to forever release, indemnify, defend and hold harmless the spa, its subsidiaries and affiliates, their respective agents, officers, directors, owners, contractors and employees (collectively the "Released Parties") from any and all claims and causes of action which I (or the below-mentioned minor) might otherwise have or be entitled to assert as a result of or related to any physical injury or otherwise, including without limitation death or property damage or loss sustained in connection with my use (or the below mentioned minor's use) of the spa facilities or participation in any spa program or treatment, including, without limitation, claims and causes of action based on negligence, breach of warranty or breach of contract. I also agree to indemnify, defend, and hold harmless the Released Parties from any and all claims brought by third parties arising out of any (or the below-mentioned minor's) acts, errors, or omissions.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Practitioner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent to Treatment of Minor Under the Age of 17:** By my signature below, I hereby authorize a Licensed or Registered Therapist to administer massage, facial or bodywork therapy techniques to my child or dependent as they deem necessary.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Credit Card and Cancellation Policy:** Please note a credit card is required to be kept on file to hold future appointments. Your appointment is reserved specifically for you. Please keep in mind that "no-shows" or last-minute cancellations leave our therapists with empty appointment times and the inability to book other guests. Because of this, clients that do not honor their appointment time will be charged a cancellation fee as follows:

- **More than 24 hours' notice: No charge**
- **Less than 48 hours: 100% of service for groups of 2 or more**
- **Less than 24 hours' notice: 50% of service**
- **Same day cancellation with reschedule of service: 25% of service**
- **No call/no show: 100% of service**

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_