

Royal Pampering Day Spa Client Information Form

PLEASE PRINT LEGIBLY

Pamper yourself.....

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Cell Phone# _____ How did you hear about us or who referred you? _____

Occupation _____ Date of Birth _____ Anniv Date _____

Email _____ (email address is for discounts and specials only!!)

- 1. Have you ever had a massage before? Yes or No
 - 1a. Do you have allergies to any lotions or oils? Yes or No
- 2. Have you ever had a facial, nail service, or body service before? Yes or No

Date of last massage _____ Date of last facial _____ Date of last body/nail service _____
- 3. Have you ever had surgery before? Yes or No
- 4. Do you take any medications? Yes or No If so, what kind _____
- 5. Do you have any varicose veins or blood clots? Yes or No
- 6. Do you have any blood pressure problems? Yes or No
- 7. Do you have any spinal problems? Yes or No If so, what kind? _____
- 8. Are you pregnant? Yes or No If so, how many weeks or months _____
- 9. Do you exercise or play sports? Yes or No If so, how many days a week? _____
- 10. Do you have any type of arthritis? Yes or No
- 11. Do you have any heart problems? Yes or No
- 12. Do you have any other type of medical problems or conditions that your Therapist should be aware of? Yes or No If so, please explain _____
- 13. Would you like to receive our exclusive text message alerts? Yes or No

STD MSG/DATA RATES MAY APPLY

I understand that massage therapy or any spa service is for the purpose of stress reduction. I understand that a massage therapist or spa technician does not provide medical assistance or diagnose illness or disease nor provide medications to the client. I have verbally told my therapist or spa technician of any conditions, skin sensitivities, such as sulfa(minerals), all medication, or allergic reactions to any type steroids, retinoid, retina, accutane, tretinoin, or differin that I might be prescribed. I understand that my therapist is/will not be liable for any conditions or side effects that my massage or spa service might cause to my health.

Client Signature _____ Date _____

Massage Therapist Signature _____ Date _____