

# CYPRESS BEND SPA

## CLIENT INFORMATION/CHECK-IN FORM

SPA TREATMENTS \_\_\_\_\_ TARGET/FOCUS AREA \_\_\_\_\_

NAME \_\_\_\_\_ D/O/B \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
ADDRESS \_\_\_\_\_ ROOM # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PHONE NO. \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

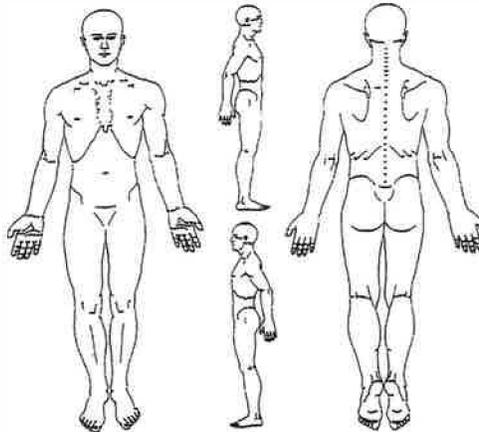
When was your last massage/spa treatment? \_\_\_\_\_  
What is your occupation? \_\_\_\_\_ retired? \_\_\_\_\_  
List any hobbies, sports, exercises or other activities \_\_\_\_\_  
Describe any medications you are taking (including self prescribed) \_\_\_\_\_

Are you currently being treated by a doctor, chiropractor or medical practitioner? Yes \_\_\_ no \_\_\_ if so for what \_\_\_\_\_  
Are you pregnant? Yes \_\_\_ How many months? \_\_\_ No \_\_\_

Please check conditions you currently have or have had in the past: heart disease \_\_\_ cancer \_\_\_  
diabetes \_\_\_ blood vessel disease \_\_\_ allergies \_\_\_ immune disorder \_\_\_ do you have a contagious disease? \_\_\_

Have you had any recent surgeries? \_\_\_\_\_ Please explain \_\_\_\_\_

Please mark on the diagram below indicating areas of discomfort:



I understand that the massage/body work I receive is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that the body work I receive should not be construed as a substitute for medical examination, diagnosis, or treatment. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapists part should I neglect to do so.

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

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_