

# Namasté Event, Spa, & Wellness Center

## New Client Intake Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Profession: \_\_\_\_\_ Sex (circle one): Male Female

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### General Health History

What is the primary goal for your service today? (ie: recovery from injury, pain relief, relaxation, etc: \_\_\_\_\_

\_\_\_\_\_

Are you pregnant or trying to become pregnant? \_\_\_\_\_ If yes, how many weeks? \_\_\_\_\_

Do you have any allergies or skin sensitivities? \_\_\_\_\_

Please list any pain or injuries you've experienced in the past 12 months, including major trauma, surgeries, etc: ) \_\_\_\_\_

\_\_\_\_\_

Do you have a history of any of the following conditions? Arthritis/Osteoporosis \_\_\_\_\_ Sciatica \_\_\_\_\_

Headaches/Migraines \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Circulatory Problems \_\_\_\_\_ Diabetes \_\_\_\_\_

Irregular Digestion \_\_\_\_\_ Sleep Problems \_\_\_\_\_ Chronic Pain \_\_\_\_\_ Varicose Veins \_\_\_\_\_ Allergies \_\_\_\_\_

### Massage Therapy/Bodywork

Have you ever received spa services/massage before? (circle one): Yes No Examples: \_\_\_\_\_

If yes, how often? \_\_\_\_\_ What type of pressure do you prefer? \_\_\_\_\_

Is there any area of your body you would like to focus on? \_\_\_\_\_

Is there any area of your body you would like your therapist to avoid? \_\_\_\_\_

### Skin Care

Have you used any peels, alpha-hydroxy, or Retin-A products in the past 2 weeks? \_\_\_\_\_

What are your skincare goals? \_\_\_\_\_

Is there anything else you'd like to share to help us work with you on? \_\_\_\_\_

*I understand that the services offered here are not a substitute for medical care. Any information provided is for educational purposes only and not diagnostically prescriptive in nature. I also give my permission for the therapists with whom I work to discuss information pertinent to my conditions(s) and treatment with my other health care providers. I will ask for receipt of payment as well as session notes if I would like to ask my insurance company for reimbursement.*

**Cancellations:** A 25% service fee will be incurred for cancellations made less than 24 hours in advance. No shows incur a 50% service fee. Payment must be made before future appointments can be scheduled.