



CLIENT INTAKE FORM- BODY WRAP Name: _____ Home Phone#: _____

Cell#: _____ Address: _____ City: _____ State: _____ Zip: _____

DOB: ____ / ____ / ____ Occupation: _____ Emergency Contact: _____ Phone: _____

Email Address: _____ How did you hear about us? _____

Your email address & contact info will not be sold or given to any 3rd party

How often do you visit a spa? ☐ Weekly ☐ Monthly ☐ Yearly ☐ First Time

Have you had any recent operations or major illnesses? ☐ No ☐ Yes If yes, please explain? _____

Are you pregnant? ☐ No ☐ Yes If yes, how far along: _____

Are you currently under a doctor's care? ☐ No ☐ Yes If yes, please explain? _____

Are you currently taking any medications: ☐ No ☐ Yes If yes, please explain? _____

Have you ever had a reaction to an oil, cream, or product application? ☐ No ☐ Yes If yes, please explain? _____

Do you experience any of the conditions below?

- | | | | |
|---|-----------------------------------|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Thyroid Conditions | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Eczema | <input type="checkbox"/> Headaches | <input type="checkbox"/> Other |

Please Explain other: _____

Do you have any problem conditions or areas you would like to address? ☐ No ☐ Yes If yes, please explain? _____

Lavender Loyalty Program: Introductory rates for first visit only. Not valid for clients in the last 12 months. Become a Lavender Loyalty client and receive discounted rates & packages and earn rewards towards your next purchase. NO Membership Required. If you decline to pre-purchase and join the Lavender Loyalty Program standard rates will apply for any future services. Each service purchased will be valid for 30 days from the date of purchase. There is a \$10 charge to utilize an expired service, as well as a \$10 charge to gift a prepaid service.

Disclaimer: Session includes 5 minutes for consultation and 5 minutes to undress/redress. This place of business will not be held liable for any injury or condition that arises from application of massage despite completion of this form. The form is intended as an assessment tool only and serves as a guide for the application of massage not for medical treatment or medical assessment. Draping will be used during this session. Please note all of the therapists are professional massage therapists and DO NOT offer "extra services", if you ask any Spa Lavender employee for "extra services" you will be immediately asked to leave the premises with NO refund and your relationship with Spa Lavender will be terminated. Clients under the age of 18 must have a parent or legal guardian present to provide a signature for authorization for the massage session.

Cancellation Policy: By signing this intake form you agree that if you need to cancel or reschedule an appointment, you will have to do so within 24 hours of your appointment, to avoid being charged a fee. Any same day cancellations, not showing up to your appointment or changing your appointment the same day will result in a \$25 cancellation fee.

Client Signature (Parent/Guardian if Minor): _____ Date: _____