

Confidential Client Intake Form

Client Name: _____ Male / Female _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth _____ Married Y N Anniversary date _____

Please check how you would like us to confirm your appointments.

1. Home # _____ 3. Cell # _____

Cell Phone Provider for SMS Text _____

2. Work # _____ 4. E-mail Address (*only for updates & confirmations*): _____

Occupation: _____

How did you hear about Natural Elements Spa & Salon?

Newspaper ___ Sign ___ Website ___ Yellow pages ___ Walk-in ___ Other _____

Spa Finder ___ Gift Certificate ___ Friend/Relative ___ Best of Chesapeake 05' 06' 07' 08' 09' 10' ___

Please circle all that apply:

Acute Pain	Doctor Recommendation	Shortness in Breath
Allergies	Heart Attack(s)	Skin Condition
Arthritis	High Blood Pressure	Swelling
Chronic Injury	Low Blood Pressure	Thyroid Problems
Circulatory Problems	Migraines	Tingling/Numbness in Limbs
Depression	Osteoporosis	Tumor
Diabetes	Painful Joints	Other: _____

Are you currently seeing a **Health care Professional?** YES NO

If YES, for what reason? _____

Are you taking any of the following?

___ Vitamins ___ Minerals ___ Herbs

___ Sedatives ___ Insulin ___ Diet Pills

___ Sleeping pills ___ Aspirin ___ Laxative

___ Blood Thinner ___ Allergy Medication

___ Antipsychotics ___ Antidepressants

Other Medications _____

Any recent (within 6 months) or past injuries/accident (**serious**)? _____

Are you pregnant? ___ YES ___ NO If **YES**, how far a long? _____ Weeks (skin is more sensitive during pregnancy so please communicate with your Spa Professional)

Have you ever had a reaction to any of the following? Cosmetics Medicine Iodine Pollen Hydroxyl Acids Animal Fragrance Essential oils Sunscreens Fruits Vegetables Nuts/seeds Other _____

Are you on a diet, cleanse or fasting program at this time? ___ YES ___ NO

What type of massage pressure do you prefer? Light Medium Firm Deep

What is your favorite part of a massage/facial/spa service? _____

To maximize your experience, please express what your goals are for this treatment.

I confirm (to the best of my knowledge) that the information I have provided is accurate and complete. I have not withheld any pertinent information that may be relevant to my treatment and/or the results thereof. I am aware that there are some inherent risks associated with skin care & body work services including, but not limited to: allergic reaction, irritation, redness, soreness, etc. By signing below, I further agree that I will not hold **Natural Elements Spa & Academy, Inc.**, Spa's affiliates or any of its employees responsible should there be any unfavorable outcome or result. I also understand that massage is designed to be a health aid and is in no way a substitute for medical care. Information exchanged during a massage session is educational in nature, but not diagnostic.

Cancellation Policy and Return Check Fee:

Our certified spa & salon professionals take extra special time and care in preparing for your appointment. Please respect our time as we respect yours. If you cannot make your appointment, we require 24 hour notice for all cancellations. **A \$25.00 rebooking fee or a charge of 100% of the service will be applied to any appointments cancelled without 24 hours notice. If rebooking at the time of cancellation you will be charged a \$25.00 rebooking fee only. No-show appointments will be charged 100% of the service. Gift Certificates will automatically be charged according to the above guidelines.** Return Check Fee is \$35.00.

If you are a new client we ask that you arrive 20 minutes prior to your massage appointment. All spa appointments should arrive at least 30 min prior to appointment time to make necessary product and lunch selections for your customized spa experience. **If you are late for your appointment** we will not be able to extend into the next clients appointment. **The Full value of the treatment will be charged.**

We appreciate your time in completing a comment card after you visit with us. We take your comments very seriously and the information is used to continuously improve our service to you!

We offer **online booking** as an option to book your appointment and you receive 5 points and rewards on your account (equivalent to \$5.00). Please let us know if you are interested in this option and we will allow you access.

Signature _____

Date _____

Print _____

Look Better, Feel Better Membership

Join Today & Receive a **\$45** Introductory 60 Minute Massage
OR Receive a **\$65** Facial

Monthly Massage only \$59

Upgrade options for an additional \$19:

- 60 Minute Facial
- 60 Minute Spa Capsule
- Partial Foil, Hair Cut & Style
- 90 Minute Massage
- Signature Foot Ritual & Express Nail Ritual

Additional Membership Benefits

15% OFF ANY Other / Additional Spa & Salon Services [*within same month*]

10% OFF on ALL *Regular Priced* Retail Products

10% OFF to Family & Friends when you bring them in *with you* on Wed. & Thurs.

12 Month Commitment for **\$59** per month

Spa Memberships will require a MC or VISA to be on file for monthly billing for the length of the contract. All Spa Memberships will be billed monthly from the date of enrollment. Contracts for memberships may not be cancelled unless Military involvement. [Discounts do not apply to consigned products or independent wellness practitioners providing services within Natural Elements Spa & Salon] Not to be used in conjunction with any other promotion coupon, gift card, or spa finder.

*Must be a member on day of service to receive introductory prices.