At Spa Botanica, we are committed to guest satisfaction. Please fill in the following information to the best of your knowledge. This will allow our therapists to customize your services and make professional recommendations to best suit your needs.

PERSONAL INFORMATION				
Today's Date:				
Last Name:	**First Name:**	**MI:**	**Gender: □F □M**	**DOB: / /**
Address:	**City:**	**State:**	**Zip Code:**	
Preferred Contact #: ( ) □H □W □C	**Email:**	**Occupation:**		
Would you like to receive promotions from us? □ Yes □ No	**How did you hear about us?**			

SKIN & NAIL ANALYSIS

Please indicate if any of the following are relevant to your current state of health:

□ Athlete's Foot
□ Bacterial or Fungal Infection
Please Explain: _____
□ Blood Clots
□ Contact Dermatitis
□ Diabetes (Type I or II)
□ Eczema / Rash
□ Hemophilia
□ Hepatitis or Herpes
□ HIV / AIDS
□ Open Sores, Cuts, or Warts
□ Poor Circulation
□ Psoriasis
□ Seborrhea
□ Taking Blood Thinners
□ Recent Injury or Pain Affecting the Hands or Feet
Please Explain:_____
□ Skin Disorders Affecting the Hands or Feet
Please Explain: _____

Are you currently taking any medications (internal or topical)? □No □Yes, *Please List*:

Do you have any known allergies (cosmetic ingredients, medications, food, iodine, latex, fragrance, etc.)? □No □Yes, *Please list*:

I understand that all the information provided on this form will remain completely confidential and will not be shared with any third parties. I understand that it is my responsibility to inform Spa Botanica of any changes to the information I have provided above. Because spa treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and have answered all questions completely and honestly. I understand that the spa services I receive at Spa Botanica are provided for the basic purpose of relaxation and relief of muscular tension. I further understand that spa services should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a qualified medical professional for any mental or physical ailment of which I am aware. I understand that Spa Botanica therapists' associates are not qualified to diagnose or treat any illness and that nothing said in the course of treatment should be construed as such. If I experience any pain or discomfort during my services, I will immediately inform my therapist(s) so that the treatment can be adjusted to my level of comfort. I understand that any illicit or sexually suggestive remarks or advances I make will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

►**Client Signature:**_____ **Date:**_____