



Client Profile Form

Date: \_\_\_\_\_ Gender: **Circle One** Male Female

First Name	Last Name	DOB	Age
<b>Address</b>			
City	State	Zip	
Telephone	Cellular Phone		
<b>Email</b>			
<b>What services are you having today?</b>			
<b>How did you hear about Spa Pura?</b>			
<b>Are you currently under the care of a physician?</b>	<b>Yes</b>	<b>No</b>	<b>Condition:</b>
<b>Do you have any of the following medical conditions:</b>			
Pregnant/ Breast Feeding	Y	N	
High Blood Pressure	Y	N	
Epilepsy	Y	N	
Diabetes	Y	N	
Cancer	Y	N	
Have you had any recent surgeries?	Y	N	If so, what?
<b>Are you allergic to any products or ingredients? If so, please list.</b>			

**Consent to Treatment of Minor**

By my signature below, I hereby authorize a Board Certified Aesthetician and Massage Therapist here at Spa Pura to administer facial treatment techniques and/or Massage to my child or dependent as they deem necessary.

Minor's Name: \_\_\_\_\_

Parental/Guardian Signature: \_\_\_\_\_

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