



**Client Profile Form**

<b>Date:</b>		<b>Gender:</b>		<b>Circle One</b>	
				<b>Male</b>	<b>Female</b>
<b>First Name</b>	<b>Last Name</b>	<b>DOB</b>	<b>Age</b>		
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Mobile Phone</b>		<b>Telephone</b>			
<b>Email</b>					
<b>What services are you having today?</b>					
<b>Massage</b>	<b>Facial</b>	<b>Body Wrap</b>	<b>Body Scrub</b>	<b>Other</b>	
<b>How did you hear about Spa Pura?: Circle One</b>					
Word of Mouth	Walk In	Yelp	Gift Certificate	Spa Finder	Other
<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>					
<b>High Blood Pressure</b>	<b>Y</b>	<b>N</b>			
<b>Epilepsy</b>	<b>Y</b>	<b>N</b>			
<b>Diabetes</b>	<b>Y</b>	<b>N</b>			
<b>Cancer</b>	<b>Y</b>	<b>N</b>			
<b>Breast Feeding</b>	<b>Y</b>	<b>N</b>			
<b>Pregnant</b>	<b>Y</b>	<b>N</b>	<b>If so, how many months? _____</b>		
<b>Have you had any recent surgeries?</b>	<b>Y</b>	<b>N</b>			
<b>If yes, what type? When? _____</b>					
<b>Are you allergic to any products or ingredients? If so, please list.</b>					

I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential. I hereby give my consent to receive massage services and/or other bodywork or treatment, and I acknowledge and agree that I am doing so at my own risk.

**Signature:**

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**Date:**

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