



Client Profile Form

Circle One

Date:

Gender:

Male

Female

First Name	Last Name	DOB	Age

**Address**

City	State	Zip

Mobile Phone	Telephone

**Email**

**What services are you having today?**

Massage	Facial	Body Wrap	Body Scrub	Other
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**How did you hear about Spa Pura?: Circle One**

Word of Mouth	Walk In	Yelp	Gift Certificate	Spa Finder	Other
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**Are you currently under the care of a physician?** Yes No **Condition:**

**Do you currently have any of the following symptoms?:**

Cough	Fever	Shortness of Breath	None
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**Have you been in close contact with another person who has been diagnosed with or under investigation for Covid-19?** Yes No

**Do you have any of the following medical conditions:**

High Blood Pressure	Y	N	
Epilepsy	Y	N	
Diabetes	Y	N	
Cancer	Y	N	
Breast Feeding	Y	N	
Pregnant	Y	N	If so, how many months? _____
Have you had any recent surgeries?	Y	N	

If yes, what type? When? \_\_\_\_\_

Are you allergic to any products or ingredients? If so, please list.

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. I understand that I can stop the service at any point should I feel unsafe or uncomfortable in any manner.

**Signature:** \_\_\_\_\_

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