



Client Profile Form

Date: _____ Gender: _____ **Circle One**
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

How did you hear about Spa Pura?: Circle One

Word of Mouth
 Walk In
 Yelp
 Gift Certificate
 Spa Finder
 Other

Are you currently under the care of a physician? **Yes** **No** **Condition:**

Do you currently have any of the following symptoms:

Coughing
 Fever
 Shortness of Breath
 None

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.

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: _____