

Maris Day Spa Intake Form

Room: _____

Visitor: _____

HOW DID YOU LEARN ABOUT MARIS SPA?

Maris Spa offers detoxification retreats, day specials, and discounts, special weekends where health workshops, discussions and services are offered. WOULD YOU LIKE TO RECEIVE NOTIFICATIONS OF THESE? YES _____ NO _____

Name: _____ Telephone: (_____) _____ - _____

E-mail: _____ Date of Birth: _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Your Occupation: _____

Emergency Contact and Phone: _____

Physician's Name and Phone: _____ Are you under medical care at this time? Yes/No

If yes, what is the reason? _____

List all medications, vitamins and herbal supplements you are taking at this time. Use the back of this form if necessary.

Where would you rate stress in your life? ____ low ____ medium ____ high ____ What do you do about it?

Have you received spa services elsewhere before today? Yes/ No If yes, what kind?

Please check all the conditions which apply to you and circle if they are (C) current or in the (P) past:

SKIN:

____ Oiliness	C / P	____ Infection	C / P
____ Dry Skin	C / P	____ Psoriasis	C / P
____ Cellulite	C / P	____ Exema	C / P
____ Bruises	C / P	____ Herpes	C / P
____ Sunburn	C / P	____ Cuts/ Scratches/Open Wounds	C / P
____ Rashes	C / P	____ Sensitivity to Latex	C / P

BODY:

____ Muscle Aches/ Pains	C / P	____ Heart Surgery / Disease	C / P
____ Fluid Retention	C / P	____ Liver Disease / Hepatitis	C / P
____ Poor Circulation	C / P	____ Blood Clots	C / P
____ Cancer	C / P	____ HIV/AIDS	C / P
____ Hypertension	C / P	____ High Blood Pressure	C / P
____ Headaches/Migraines	C / P	____ Low Blood Pressure	C / P
____ Pace Maker	C / P	____ Osteoarthritis	C / P
____ Stroke	C / P	____ Arthritis	C / P
____ Spinal Problems	C / P	____ Rheumatoid Arthritis	C / P
____ Disc Problems	C / P	____ Inflammation	C / P
____ Lupus	C / P	____ Tendonitis / Bursitis	C / P
____ Lyme Disease	C / P	____ Fibromyalgia	C / P

MOOD:

____ Lethargy	C / P	____ Anxiety/ Panic Attacks	C / P
____ Fatigue	C / P	____ Grief	C / P
____ Depression	C / P	____ I'M HAPPY	C / P

DIGESTIVE:

____ Heartburn	C / P	____ Acid Reflux	C / P
____ Gerd	C / P	____ Stomach Ache / Pain	C / P
____ Flatulence	C / P	____ Cramps	C / P
____ Constipation	C / P	____ Irritable Bowel (IBS)	C / P
____ Ceiliac Disease	C / P	____ Crohns Disease	C / P
____ Colitis	C / P	____ Diverticulitis	C / P
____ Loose Stool	C / P	____ Polyps	C / P
____ Hemorrhoids	C / P	____ Yeast Infection	C / P
____ Allergies	C / P	____ Food Sensitivity	C / P
____ Fistula / Fissure	C / P		

Comments: _____

WE ASK THAT YOU COMPLETE AND RETURN THIS FORM PROMPTLY TO US, SO THAT OUR THERAPISTS CAN PREPARE FOR YOUR INDIVIDUALIZED SPA TREATMENT.

As a client at Maris Spa I assume responsibility for providing accurate information on this form, and will make it known, at the time of this session, if I am uncomfortable with anything the therapist is doing. I understand that the goal of this session is to provide services that meet my needs as requested. I agree that there is no guarantee of results and that the opposite of the desired results may occur. Maris Spa practitioners are experienced and licensed in their field. Maris Spa therapists are not licensed to diagnose, make claims or attempts to cure any disease or conditions, prescribe for or treat any disease.