



*Welcome to Spa Phoenix Day Spa and Salon.*

Please help us to serve you by completing the client information form.

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MO DAY YR

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

SALUTATION (PLEASE INDICATE ONE) MR. / MRS. / Ms. / MISS / DR.

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

WORK PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

OTHER PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I WISH TO RECEIVE SPA PHOENIX NEWSLETTER/INTERNET SPECIAL NOTICES. YES / NO

GENDER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

OCCUPATION \_\_\_\_\_

HOW DID YOU LEARN OF OUR SPA AND SALON? (PLEASE INDICATE ALL THAT APPLY)

DR. GALUMBECK

TV

RADIO

YELLOW PAGES

NEWSPAPER

DROVE BY

A WEB LINK

GIFT CERTIFICATE

SEARCH ENGINE

REFERRED BY \_\_\_\_\_

SPAPHOENIX.COM

OTHER \_\_\_\_\_

FOR YOUR COMFORT AND SAFETY, PLEASE COMPLETE THE **HEALTH HISTORY INFORMATION** ON THE REVERSE OF THIS PAGE.

# Health History

HAVE YOU EVER HAD A REACTION TO PERSONAL CARE PRODUCTS?    YES    NO  
IF YES, PLEASE LIST \_\_\_\_\_

ARE YOU ALLERGIC TO ANY MEDICATIONS?  
IF YES, PLEASE LIST \_\_\_\_\_

ARE YOU TAKING ANY MEDICATIONS AT PRESENT?  
IF YES, PLEASE LIST \_\_\_\_\_

DO YOU SMOKE?                      YES    NO                      IF YES, PACKS PER DAY? \_\_\_\_\_

ARE YOU PREGNANT?                YES    NO

DO YOU HAVE A HISTORY OF ANY OF THESE HEALTH CONDITIONS?

HIGH BLOOD PRESSURE	YES	NO	DIABETES	YES	NO
BLEEDING PROBLEMS	YES	NO	SEIZURE	YES	NO
HEART PROBLEMS	YES	NO	CANCER	YES	NO
CLAUSTROPHOBIA	YES	NO	THYROID PROBLEMS	YES	NO
SKIN CONDITION	YES	NO	RADIATING PAIN	YES	NO
NAIL FUNGUS	YES	NO	SYSTEMIC DISEASE	YES	NO
SPINAL PROBLEMS	YES	NO	VARICOSE VEINS	YES	NO
BLOOD CLOTS	YES	NO	ARTHRITIS	YES	NO
ACUTE INJURY	YES	NO			

IF YES, PLEASE ELABORATE \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD SURGERY?    YES    NO  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

DO YOU WEAR CONTACT LENSES?    YES    NO

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE? YES NO  
IF YES, PLEASE LIST \_\_\_\_\_