

Client Information Form

Name:

DOB:

Phone Number:

Service Provider: (for text reminders)

Address:

Email (for coupons and specials):

How did you hear about us:

Spa Policies

LATE ARRIVALS: We regret that late arrival for your appointment may deprive you of valuable treatment time.

CANCELLATION POLICY: If it is necessary to cancel or reschedule your appointment, we request you do so a minimum of 24 hours in advance or when you receive your confirmation. This time is reserved just for you and if less than the required notice is given, we are not able to offer the time to another guest. Regretfully, if we do not receive the 24 hour notice of cancellation, a \$25.00 service charge will be charged to the card on file.

MEDICAL: For your protection, please inform us of any medical conditions or other special needs that may require our attention to make your visit a pleasant one. This includes skin care products that may interfere with facial and waxing services. In the event your health history changes, please notify us and complete a new Client Consultation Form.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any discomfort during this session, I will immediately inform the practitioner so that the pressure may be adjusted to my level of comfort. I further understand that a Licensed Massage Therapist (LMT) can neither diagnose illness, disease or any other medical, physical, or mental disorder, nor perform any spinal manipulations. I am responsible for consulting a qualified physician for any ailment that I have. An LMT must be aware of any change in my physical health, and I understand that there shall be no liability on the practitioner's part or Essentials Massage & Facials Spa should I fail to do so. I also understand that any sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for the full payment of the scheduled appointment.

Client Signature:

Date:

Consent to Treatment of Minor: by signature below I hereby authorize Essentials Massage & Facials Spa and its Practitioner to administer bodywork to my child as they deem necessary.

Name and Signature of Parent or Guardian: