



Elemental NatureSM Questionnaire FACIAL / MASSAGE / SPA BODY

GUEST NAME: _____ TODAY'S DATE: _____ / _____ / _____

DATE OF BIRTH: _____ / _____ / _____ STREET ADDRESS: _____

CITY: _____ STATE/ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

MEDICAL HISTORY (please complete questions below):

1. Have you had any facial medical procedures?

2. Have you had any recent illness, injuries, surgeries or broken bones? Do you have any allergies or sensitivities?

3. Are you currently under the care of a medical professional?

4. Are you currently taking any medications or supplements?

5. FEMALE GUESTS—Are you pregnant? If yes, what week? Have you had any complications, or have you been told you have a high-risk pregnancy?

6. Are there any other health or other medical concerns of which I need to be aware?

7. RETURNING GUESTS—Have there been any updates to your medical history?

8. What was your favorite part of your last facial or massage?

9. What was your least favorite part of your last facial or massage?

10. What expectations do you have for your treatment today?

ELEMENTAL NATURE IMBALANCES

Please answer the following questions (circle all that apply):

1. Circle where you feel tension or tightness in your body:	LOWER BACK / HIPS LEGS / FEET	TORSO / MID-BACK ARMS / HANDS	HEAD / NECK / SHOULDERS / UPPER CHEST
2. Circle where your energy level is today:	HIGH / SPORADIC	MODERATE / CONSISTENT	LOW / SLUGGISH
3. Circle how, in general, the stress is in your life:	HIGH	MODERATE	LOW
4. Circle how you experience stress:	ANXIETY / WORRY NERVES	ANGER / IRRITABILITY FRUSTRATION	WITHDRAWAL DEPRESSION

PLEASE READ AND SIGN BELOW:

It is my choice to receive massage therapy, spa therapy, esthetic treatments and/or services offered by Serenity Day Spa & Salon. I understand that any information given is strictly confidential and will be used for no other purpose than to assist the massage therapist, esthetician and/or service provider in providing a suitable treatment and/or service which would take into consideration to my specific requirements. I also understand that failure on my part to disclose information could result in injury and/or illness and I hereby release Serenity Day Spa & Salon, its employees, massage therapists, estheticians, service providers, and/or Aveda Corporation and its parent company from any claims resulting from such. Any information provided to me by the massage therapist, esthetician, service provider and/or any employee is for general educational purposes only and is not intended for any medical purpose. **I AM AT LEAST 18 YEARS OF AGE.**

DATE: _____

SIGNATURE: _____