



# Elemental Nature<sup>SM</sup> 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: \_\_\_\_\_