



## Client Information Form

	<b>How did you hear about us?</b> (please circle)	
Internet: <b>YELP</b> <b>GOOGLE</b> <b>FACEBOOK</b> <b>TRIP ADVISOR</b> <b>PASO DAILY NEWS</b>		
Lives in the community:    Traditions    The Cottages    Stonebrook    The Cove    Other: _____		
Special Event: (please specify)		Another client: (please specify so we can thank them)
Other: _____		

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MALE     FEMALE    If female, are you pregnant? \_\_\_\_\_ If so how far along? \_\_\_\_\_ weeks

BIRTHDATE : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Would you like to be emailed specials offers from River Oaks Hot Springs Spa?     YES!     No thanks.

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

If there is anything you are uncomfortable writing on this form, please always communicate anything person directly to your service provider.  
**Please check any of the following conditions or symptoms which apply to you now or in the past:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Muscle Sprain/ Strain | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Attack        |
| <input type="checkbox"/> Stroke                | <input type="checkbox"/> Blood Clots        | <input type="checkbox"/> Contact Lens        | <input type="checkbox"/> Low Blood Pressure  |
| <input type="checkbox"/> Arthritis             | <input type="checkbox"/> Bursitis           | <input type="checkbox"/> Low Back Pain       | <input type="checkbox"/> Skin Infections     |
| <input type="checkbox"/> Varicose Veins        | <input type="checkbox"/> HIV Positive       | <input type="checkbox"/> Osteoporosis        | <input type="checkbox"/> Allergy to Nut Oils |
| <input type="checkbox"/> Headaches / Migraines | <input type="checkbox"/> Hypo/Hyperglycemia |  |  |

Medications currently taking: \_\_\_\_\_

Allergies to massage products? \_\_\_\_\_ (If yes, specify) \_\_\_\_\_

Other conditions we should know about: \_\_\_\_\_

**Esthetician treatments only:**

Allergies to facial products? \_\_\_\_\_ (If yes, specify) \_\_\_\_\_

Past treatments received (Botox, Microdermabrasion, Glycolic Peels, etc.):

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I have completed this health form to the best of my knowledge. I understand that Massage Therapy and Bodywork services are a therapeutic health aid only. **The bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension.** If I experience any pain or discomfort during a session, I will immediately inform the practitioner so pressure and/or strokes may be adjusted to my level of comfort. I further understand massage should not be constructed as a substitute for medical examination, diagnosis, or treatment. I understand that it is my responsibility to notify River Oaks Hot Spring Spa if there are any changes to my medical history before my next service. Each River Oaks Hot Springs Spa Therapist is bound by the Code of Ethics when offering services to clients. Hence, any information exchanged during a Massage or Bodywork session is confidential and will only be used to provide you with the best service. I understand that response to facial and massage treatment varies and specific results are not guaranteed. I release all liability for consequences of any treatments I receive. The information contained herein will be kept on file for 12 months for the date hereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_