THE WOODHOUSE
day spa®

This questionnaire provides the information that will enable us to provide you services and treatments safely and effectively. All information is completely confidential, and vital for your protection as well as ours. Thank you for your cooperation.

First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ ☐ Male ☐ Female Age: _____ Occupation: _____

Date of Birth: _____ Wedding Anniversary, if married: _____

Referred By: _____

If available would you like to receive Woodhouse news and special offers by (Check all that apply) ☐ Email ☐ Text ☐ Social media ☐ Mail ☐ None

If available would you prefer your reservation confirmations by: Phone ☐ Yes ☐ No and/or Email ☐ Yes ☐ No

MASSAGE THERAPY

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to providing service.

Have you ever experienced a professional massage or bodywork session? ☐ Yes ☐ No

How recently? _____

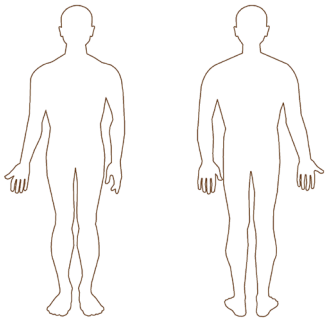
If yes, what did you like about it? _____

What didn't you like about it? _____

If yes, do you like light, moderate, or deep pressure? _____

Have you been in an accident or suffered any injuries? ☐ Yes ☐ No (If yes, please explain): _____

_____



Please mark, with an 'X', any areas of pain, tightness or spasm.

Do you have tingling or numbness in a specific area? ☐ Yes ☐ No Please mark the image on the right:

Techniques including effleurage, petrissage, percussion, friction, and vibration (shaking/jostling) may be used during the session. Acupressure, Reflexology, and/or Myotherapy (trigger point therapy) may also be used if deemed appropriate for treatment by the therapist. All parts of the client's body may be massaged, but will not include the male and female genitals and female breasts. Any areas of the body that the client wishes to be avoided during the massage session, or that may need to be avoided due to a contraindication will be listed below. Any areas of the body that either the client or the therapist considers to need additional massage therapy may be indicated below.

Areas of the body to be avoided: _____ Reason: _____

Areas of the body requiring additional therapy: _____ Reason: _____

Draping will be maintained throughout the session. At any point a guest is uncomfortable, they may request to stop the service.

Massage requested (Circle one): Swedish Deep Tissue Volcanic Stone Shirodhara Scalp Prenatal Massage Back, Neck & Shoulder Reflexology Four-Handed

I, the client, understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. In consideration of using the spa facilities and/or taking part in spa treatments/programs, I agree, to the fullest extent permitted by law, to forever release, indemnify, defend and hold harmless the spa, its subsidiaries and affiliates, their respective agents, officers, directors, owners,contractors and employees (collectively the "Released Parties") from any and all claims and causes of action which I (or the below-mentioned minor) might otherwise have or be entitled to assert as a result of or related to any physical injury or otherwise, including without limitation death or property damage or loss sustained in connection with my use (or the below mentioned minor's use) of the spa facilities or participation in any spa program or treatment, including, without limitation, claims and causes of action based on negligence, breach of warranty or breach of contract. I also agree to indemnify, defend, and hold harmless the Released Parties from any and all claims brought by third parties arising out of any (or the below-mentioned minor's) acts, errors, or omissions.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

Consent to Treatment of Minor Under the Age of 17: By my signature below, I hereby authorize a Licensed or Registered Therapist to administer massage, facial or bodywork therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian: _____ Date: _____

Please complete the back of this form.

MEDICAL HISTORY

Please list all medication you take internally: _____

Do you have health problems? (Please check all that apply currently or in your past)

☐ Heart Problems ☐ Thyroid ☐ Diabetes ☐ High/Low Blood Pressure

☐ Cancer/Cancer Therapy ☐ Headaches ☐ Pregnant or Lactating ☐ Back/Neck Pain

☐ Skin Condition ☐ HIV/Aids ☐ Hepatitis

Do you have any other medical condition we need to be aware of? _____

Have you ever experienced an allergic reaction to any drug or other substance? (If yes, please explain): _____

_____

SKIN CARE / WAXING / HYDROTHERAPY

What skin care line are you using? _____

Do you wear makeup? ☐ Yes ☐ No What brand? _____

Please explain how you take care of your skin daily/nightly? _____

_____

Is a Certified Organic skin care line important to you? ☐ Yes ☐ No

Are you claustrophobic? ☐ Yes ☐ No

Are you using Retin-A? ☐ Yes ☐ No

Are you taking Accutane? ☐ Yes ☐ No

Are you under the care of a Dermatologist? ☐ Yes ☐ No

Have you ever had an allergic reaction to a cosmetic product? ☐ Yes ☐ No

(If yes, please explain): _____

_____

What is your specific concern about your skin? _____

_____

What are the end results that you are expecting to accomplish? _____

_____

PERSONAL PREFERENCES *(Help us enhance your Woodhouse experience)*

Robe Size: _____ Shoe Size: _____ Favorite Drink: _____

Do you use Woodhouse products? ☐ Yes ☐ No If Yes, which ones: _____

Your reason for visiting The Woodhouse: ☐ Pleasure & Relaxation ☐ Health Related ☐ Pain Relief ☐ Detox & Rejuvenation ☐ Special Occasion

☐ Other: _____

How did you first hear about The Woodhouse? _____

_____

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