

Massage, reflexology, all-natural facials and detoxification therapies are some of the best things you can do for yourself to create an overall healthy life. Trusted Hands Day Spa is committed to giving you the best possible care.

In order to effectively partner with you to achieve both your long and short-term wellness goals, we would like to learn about you. Please take a few moments to complete the following information.

Client Personal & Health Information

Who are you?

Full Name: _____ Date: ____/____/____

Contact Number _____ Email: _____

Mailing Address: _____

Date of Birth: _____ Gender: M / F Other Contact Numbers _____

Tell us a little about you?

What is your profession? _____

What are three activities or hobbies that you enjoy? _____

What is your favorite vacation destination? _____

Do you have any pets? (name & type) _____

Do you have any children? (names & ages) _____

Wellness Goals

What are three objectives you would like to accomplish with the assistance of the therapies provided at Trusted Hands Day Spa? _____

Mark conditions - Previously had "P", Currently have "C", Circle if Severe

- | | | |
|--|--|--|
| <input type="checkbox"/> Could you possibly be pregnant? | <input type="checkbox"/> Wear Contacts | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stiff neck | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Contagious diseases | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Internal organ dysfunction | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Skin disorder |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Fractures | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Whiplash | <input type="checkbox"/> Cancer | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Back pain | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Mercury Fillings | <input type="checkbox"/> Other | |

Have you ever been involved in a serious accident? _____ Please explain: _____

Have you had any surgeries? _____ Please explain: _____

Are you presently receiving chiropractic care? _____ Chiropractor's Name & Phone # _____

Please list any over-the-counter drugs or prescriptions you are taking: _____

On a scale of 1 (poor) to 10 (excellent) how would you rate your immune system? 1-2-3-4-5-6-7-8-9-10

Have you ever received a professional massage or reflexology? _____ When? _____

Please list all sports or physical activity you have participated in during the last 30 days: _____

Whom may we thank for referring you? _____ TY(/ /)

Current Health Habits

(Please Circle)

Table with 4 columns: Did/do you..., Frequently, Sometimes, Never. Rows include Smoke?, Drink Alcohol?, Drugs? (Prescriptive, Non-Prescriptive), Exercise regularly?, Fast Food?, Carbonated Beverages?, Artificial Sweeteners, Processed/Packaged Foods?, Use of Chemicals (Cleaners, Paints, Pesticides, Herbicides).

- In the rare event that something prevents the therapist from being able to keep your session, we will notify you as soon as possible. If it is on the day of your appointment, you may choose to see one of our other excellent therapists or add a complementary 50% increase in therapy time to your session.
• In order for you to receive the most out of your sessions, please arrive 10 minutes prior to your appointment. Relax, and if needed use the restroom, so you will be ready to begin on schedule.
• If you wear perfume/cologne, please apply after you leave the spa. (It can give other guests severe headaches.)

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If you need to reschedule, we request and appreciate:
...Two or more business days before your appointment to assure you are not charged.
...If 24-36 hours before your appointment = 25% charge (if we cannot fill the appt.)
...The day of your appointment = 50% charge
...No notice = Full charge

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I understand that the therapy I receive is provided for the purpose of relaxation, relief of muscular tension, and release of toxins. If I experience any pain or discomfort during my session, I will immediately inform my therapist so that the pressure may be adjusted to my level of comfort. I understand that massage should not be construed as a substitute for a medical exam, diagnosis, or treatment, (typically done by a chiropractor, physician, or qualified specialist). I understand that massage therapists do not perform spinal or skeletal adjustments, diagnosis, prescribe, or treat any physical or mental illness. Because certain therapies should not be performed under certain medical conditions, I affirm that I have stated my known medical conditions, and answered all questions correctly. I agree to keep my therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's or spa's part should I forget to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of my session.

Signature _____ Date _____

Far-Infrared technology combines the benefits of acupuncture, chiropractic and massage with the healing properties of the sun's far-infrared light. The far-infrared light is transmitted through jade balls that roll down your entire body. The far-infrared bed comfortably accommodates people under 6'4" and 260 lbs. The far-infrared bed is not recommended for women who are pregnant. If you would like more information, please contact Trusted Hands Day Spa at 404-252-4772.

Please read and sign the following consent form.

If you are using prescription drugs, check with your physician or pharmacist about possible changes in the drug's effect due to interaction with infrared energy.

If you have adrenal suppression, systemic lupus erythematosus, or multiple sclerosis, some authorities say it is inadvisable to raise your body's care.

If you have recent acute joint injury, it should not be heated for the first 48 hours or until the swollen symptoms subside.

If there is any chance you could be pregnant, use is not recommended.

If you have metal pins, rods, artificial joints or other implants please consult your surgeon before use.

If you have silicon implants, please read literature.

If you are menstruating, this may increase your flow.

If you are predisposed to hemorrhaging, you should not use the far infrared.

If any condition worsens with use, please tell technician and stop further use until you have seen your doctor.

Pain should not be experienced when using the FIR table.

Heat can be adjusted to your comfort.

Far-Infrared Therapy Bed/Dry Sauna Consent for Services

I _____, understand that the use of the Far-Infrared Therapy Bed/Dry Sauna, officially known as the {Management of Personal Health System (MPS)} and any recommendation about its use from Trusted Hands Day Spa staff is not designed to take the place of traditional methods of medical treatment and is not meant to diagnose or treat diseases. I also understand that Trusted Hands Day Spa staff advising or suggesting the usage of the MPS is not a guarantee that has been offered in terms of a cure or the outcome from use of the MPS.

Further, I waive any claim against Trusted Hands Day Spa, which may arise from the use of the MPS. Trusted Hands Day Spa has also provided me with documentation of the contraindications as well as the use, effects, and benefits which I have read and fully understand.

Name (print) _____ Date _____

Signature _____

The ion cleanse foot bath is designed to complement herbal, homeopathic and vitamin detoxification protocols. The ion cleanse foot bath provides a safe and relaxing way to rid the body of toxins without precipitating a healing crisis and may even reduce the discomfort associated with rapid detoxification. If you would like more information, please contact Trusted Hands Day Spa at 404-252-4772.

Please read and sign the following consent form.

Ion Cleanse Detoxifying Foot Bath Consent for Services

I _____, understand that the use of the Ion Cleanse foot bath is not intended for the treatment or prevention of any disease or health condition. This unit does not include any therapies that are regulated by any state licensed health care profession. Any recommendation about its use from Trusted Hands Day Spa staff is not designed to take the place of traditional methods of medical treatment and is not meant to diagnose or treat diseases. I also understand that Trusted Hands Day Spa staff advising or suggesting the usage of the Ion Cleanse is not a guarantee that has been offered in terms of a cure or the outcome from use of the Ion Cleanse.

- yes/no Do you wear a pacemaker or battery operated implant?
- yes/no Are you an organ transplant recipient?
- yes/no Are you on a heartbeat regulating medication?
- yes/no Are you on any medication, that the reduction/absence of
which you would mentally or physically incapacitate you
i.e. seizures, psychotic episodes?
- yes/no If female, are you 100% certain that you are not pregnant?
- yes/no Are you nursing?

If you answered "yes" to 1,2,3,4, or 6 or "no" to question 5, unfortunately the ion cleanse is not advised or allowed for your use, unless your physician recommends and administers it.

If you are eligible to use the ion cleanse, do you agree to:

- yes/no Abstain from alcohol for 24 hours, due to likely decreased tolerance from cleanse?
- yes/no Take a mineral supplement after this session?
- yes/no Eat prior to the session, if you have low blood sugar/hypoglycemia?
- yes/no Take my medications 4 hours before or just after a session?
- yes/no Tell the technician if you have a new cut or blister on your hands or feet?

I have read and understood the above statements and agree to use the Ion Cleanse within the stated guidelines. I release the Ion Cleanse technician and Trusted Hands Day Spa from any responsibility associated with my health during or after the session.

Name (print) _____ Date _____

Signature _____