

Inner Essence Spa LLC Confidential Health History

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Yes, please email me information from Inner Essence Spa about special offers, new products, events and more!

Phone (home) _____ (work) _____

(cell) _____ Carrier _____

Is it okay for us to text you with appointment confirmations? Yes No

Date of Birth: _____ Marital Status: _____

Children: _____ Occupation(s): _____

What brings you here today? _____

Are there any areas where you would like extra attention (neck, low back, shoulders, other)? _____

What is your previous experience with the service you are receiving today? _____

When is the last time you had a massage? _____ Facial? _____

Appointment Gender Preference (please circle): No Yes _____

Emergency contact information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Please indicate type and/or frequency of the following

Exercise: _____

Tobacco: _____ Alcohol: _____

Recreational Drugs: _____ Caffeine: _____

Posture assumed most of the day: _____

Hours of sleep/night: _____ Bowels (normal, constipated, etc.) _____

Please check if you answer "yes" and explain

___ Are you pregnant? How many months? _____

___ Diabetes _____

___ Skin conditions (acne, rash, allergies, skin cancer, ticklishness, etc.)

___ Lymphatic condition (swollen glands, lymphoma, lymphedema, etc.)

___ Recent Injury (whiplash, sprain, deep bruise, etc.) _____

___ Circulatory condition (heart disease, high/low blood pressure, varicose veins,
phlebitis, arrhythmia, arteriosclerosis, etc.) _____

___ Joint problems, pain or stiffness (osteoarthritis, rheumatoid arthritis, gout,
hypermobility joints, sacroiliac problems, etc.) _____

___ Bone conditions (osteoporosis, previous fracture, cancer, etc.) _____

___ Headaches (migraines, PMS, tension, cluster, etc.) _____

___ Emotional difficulties _____

___ Stress _____

___ Previous surgery? Please indicate type and date: _____

___ Other _____

List any medications you are taking: _____

Inner Essence Spa LLC is not responsible for the aggravation of conditions, which were present, but not disclosed to the practitioner, at the time of service received and which may be affected by the service. Inner Essence Spa LLC is not responsible for any condition, which may/may not have resulted from experiencing services at our facility. Thank you.

Your Signature: _____ Date: _____

How did you hear about Inner Essence Spa & Wellness Center?

In order to increase the therapeutic value of the service you are receiving today, here is a list of essential oils for you to choose personalized aromatherapy. If one, two or three oils stand out to you, let us know and we will create a synergistic blend. Please circle any oils we could blend for you during this & future services

Lavender

Eucalyptus

Peppermint

Rosemary

Lemongrass

Frankincense

Patchouli

Rosewood

Lemon Eucalyptus

Ginger

Vanilla

Orange

Lemon

Lime

Grapefruit

Please do not use any aromatherapy on me