



SKIN APEEL
DAY SPA

Guest Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ (Please print EMAIL clearly)

Birthdate: ____/____/____ Email: _____ @ _____

How did you find our spa: Internet _____ Event _____ Friend _____

Who may we thank for your Referral: _____

Our goal is to exceed your expectations! Help us customize your escape to ensure your ultimate satisfaction and safety by indicating all that may apply and or interest you below:

FACE

Sun Damage Dryness/Sensitivity/Flaking Rosacea/Redness Excess Oil
Brown Spots Elasticity Uneven Textures/Pores Acne
Blackheads/Whiteheads Dilated Capillaries Aging Neck/Decolletage
Lip Lines Dark Circles/Puffiness

BODY

Muscle Tension Stress Pain Relief Dry Skin Relaxation
Cellulite Arthritis Water Retention Fibromyalgia Insomnia

Desired Massage Pressure: Light Medium Firm Unsure

HANDS & FEET

Age Spots Dry Skin/ Cuticles White Spots Callous/Cracked Heels Skin/Nail Fungus

Please advise your therapist if you are currently experiencing and or have a history of :

Heart Disease Epilepsy Cancer Arthritis Asthma Diabetes
Low/High Blood Pressure Allergies Recent Surgery Claustrophobia

Allergic to: _____ I Am Pregnant _____ Term: _____

Emergency Contact: _____ Phone: _____ - _____ - _____

Relationship to you: _____

I consent to receiving spa treatment and that I have provided necessary information for my own safety. I understand the spa policy requires 24 hours cancellation notice or my credit card on file will be charged for any future service time reserved. Please escape fully by silencing cell phone and any other devices.

Guest Signature _____ Date ____/____/____