

## SPA RELEASE

| PLEASE COMPLETE THIS FORM SO THAT YOUR THERAPIST MAY TAILOR YOU SESSION TO BEST SERVE YOUR NEEDS. WE WANT YOUR EXPERIENCE TO BE RELAXING, SO PLEASE TURN CELL PHONES OFF.                                      |  | PLEASE COMMUNICATE TO YOUR THERAPIST ANYTHING YOU THINK IS RELEVANT AND CHECK OFF ANY OF THE FOLLOWING SYMPTOMS WHICH APPLY TO YOU NOW OR IN THE PAST |                                 |     |                     |
|--|--|---|---------------------------------|-----|---------------------|
| How did you hear about u   | vald you near about usr                    |   |                                 |     |                     |
| 7.   | 57   |   | Accident or Trauma              | 100 | Headaches           |
|  |  |   | Allergy to Nut Oils             | 111 | Heart Attack        |
|  |  |   | Arteriosclerosis                |     | Hypo or Hyperglycem |
| Goal for today's session   |  | 1000  | Arthritis                       |     | Joint Problems      |
|  |  | 200   | Back Pain                       |     |                     |
|  |  |   | Blood Pressure: Low/High        | 2.7 | Numbness            |
|  |  |   | Blood Clots                     |     | Osteoporosis        |
| PERSONAL INFORMATION  Last Name  |  |   | Bursitis                        |     | Stroke              |
|  |  |   | Cancer                          |     | Skin Infections     |
|  |  |   | Contact Lenses                  |     | Foot Problems       |
|  |  |   | Dentures                        |     | Athlete's Foot      |
| Address  |  |   | Diabetes                        |     | Foot Fungus         |
| City   | 102 40.                                    |   | Easy Bruising                   |     | Plantar Wart        |
| State  | Zip  |   | Epilepsy/Seizures               |     | Hand Problems       |
| Phone  |  |   | Fractures                       |     | Pregnant: Months    |
| Email  |  |   | Varicose Veins                  |     |                     |
| D.O.B  |  | □ Allergies   |                                 |     |                     |
|  |  | □ Contagious Conditions   |                                 |     |                     |
| DISCLAIMER   |  | ☐ Other Conditions  |                                 |     |                     |
| I understand that the spa treatment given at O2Living is for the   |  | □ Recent Surgery  |                                 |     |                     |
| purpose of relaxation. O2Living reserves the right to deny   |  | ☐ Medications (including Retin A)   |                                 |     |                     |
| treatment due to medical or other reasons. Treatments do not take<br>the place of a physician's care when indicated. Any information<br>exchanges during a massage, facial or bodywork session is confidential |  | Ot  | Other Concerns                  |     |                     |
| and is only used to provide you with the best health care services.  Clients under 18 years of age need a parent/guardian signature.   |  |   | FACIALS ONLY                    |     |                     |
|  |  |   | Breakouts                       |     | Dry                 |
|  |  | 10.00   | Blackheads                      |     | Excessive Redness   |
| SIGNATURE  | DATE                                       |   | Oily                            |     | Rashes              |
| UNDER 18 PARENT/GUARDIAN SIGNATURE   |  |   | Shiny<br>Other Skin Care Issues |     | Sun Sensitive       |
| THANKS FOR VISITING THE O'ZLN  | VING SPALWELDOK FORWARD TO YOUR NEXT VISIT |   | Outer Okili Odle ISSUes         |     |                     |