GUEST PROFILE

HOW DID YOU HEAR ABOUT US? _____

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE

HOME PHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____

BIRTHDAY _____ OCCUPATION _____

PLEASE TELL US ABOUT YOUR HEALTH:

RECENT INJURIES OR ILLNESSES _____

RECENT SURGERIES _____

CURRENT MEDICATIONS _____

HOW OFTEN DO YOU RECEIVE BODY/SKIN/NAIL CARE TREATMENTS? _____

WHAT IS YOUR CURRENT STRESS LEVEL? (1 = LOW 5 = HIGH) ☐1 ☐2 ☐3 ☐4 ☐5

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS (PLEASE CHECK ALL THAT APPLY)?

☐ HEART	☐ PACEMAKER	☐ MUSCLE INJURY	☐ ARTHRITIS
☐ SINUS	☐ ALLERGIES	☐ ASTHMA	☐ SKIN CONDITIONS
☐ DIABETES	☐ BLOOD DISORDER	☐ EPILEPSY	☐ CANCER
☐ MIGRAINES	☐ PREGNANT	☐ NURSING	☐ POSTPARTUM
☐ HIGH BLOOD PRESSURE	☐ BLOOD CLOTS	☐ VARICOSE VEINS	☐ DIGESTIVE ISSUES
☐ IMPLANTS	☐ BOTOX	☐ OTHER (EXPLAIN) _____	

IF YOU ANSWERED YES TO ANY OF THE ABOVE CONDITIONS, PLEASE EXPLAIN:

_____

IF YOU ARE CURRENTLY PREGNANT, NURSING, OR POSTPARTUM—

ANY CHANGES IN HEALTH SINCE CONCEIVING? PLEASE LIST:

_____

_____

DUE DATE? _____HISTORY OF PRE-TERM LABOR? _____

PLEASE SEE OTHER SIDE →

MASSAGE GUESTS:

IS THIS YOUR FIRST PROFESSIONAL MASSAGE (PLEASE CIRCLE)?: ☐ YES ☐ NO

WHAT TYPE OF PRESSURE DO YOU PREFER (PLEASE CIRCLE)?: ☐ LIGHT ☐ MEDIUM ☐ FIRM/HEAVY*

(*UPGRADE MAY APPLY FOR FIRM/HEAVY PRESSURE)

DO YOU HAVE ANY AREAS OF CONCERN YOU NEED ADDRESSED TODAY?

_____

WHAT IS YOUR GOAL FOR YOUR VISIT TODAY? _____

SKIN CARE GUESTS:

CURRENT SKIN CARE REGIME? (BRAND/FREQUENCY) _____

ARE YOU UNDER THE CARE OF DERMOTALOGIST (PLEASE CIRCLE)?: ☐ YES ☐ NO

DO YOU WEAR CONTACT LENSES (PLEASE CIRCLE)?: ☐ YES ☐ NO

HAVE YOU BEEN TANNING IN THE LAST 24 HOURS? ☐ YES ☐ NO

DO YOU USE ANY OF THE FOLLOWING (PLEASE CIRCLE)?:

☐ ACCUTANE ☐ RETIN A ☐ RENOVA ☐ TETRACYCLINE ☐ OTHER

WHAT IS YOUR GOAL FOR YOUR VISIT TODAY? _____

ENHANCEMENT OPTIONS: *(ADDITIONAL FEE PER SELECTION)*

WE ARE PLEASED TO OFFER THE FOLLOWING ENHANCEMENT SELECTIONS, TO UPGRADE YOUR SENARA EXPERIENCE. PLEASE CHECK THE ENHANCEMENTS YOU WOULD LIKE TO RECEIVE DURING YOUR TREATMENT.

- ☐ **LYMPHATIC DETOX**
  STIMULATE THE LYMPH SYSTEM, SLOUGH AWAY DRY SKIN AND INCREASE CIRCULATION WITH A FULL BODY EXFOLIATION. BEGIN YOUR MASSAGE OR FACIAL WITH THIS SENARA SPECIALTY TREATMENT.
- ☐ **WARM PARAFFIN HAND OR FOOT TREATMENT**
  ENJOY THE SHEER MAGNIFICENCE OF WARM WAX THAT MOISTURIZES WHILE IT SOOTHES AND SOFTENS.
- ☐ **ARNICA HERBAL CREME APPLICATION**
  RELIEVE SORE MUSCLES AND REDUCE INFLAMMATION WITH THIS TRADITIONAL HERBAL TREATMENT.
- ☐ **LIP COLLAGEN**
  CREATE THE PERFECT "POUT" FOR LIPS THAT DEMAND ATTENTION.
- ☐ **EYE COLLAGEN**
  DIMINISH PUFFINESS, FATIGUE AND FINE LINES. YOU'LL NOTICE IMMEDIATELY HOW RESTED AND RESTORED YOUR EYES LOOK.
- ☐ **HOT STONES**
  HEALING STONES ADD WARMTH AND TRANQUILITY TO YOUR SPA TREATMENT.
- ☐ **FOOT SCRUB**
  A SOOTHING, CLEANSING EXPERIENCE THAT BRINGS YOUR ACHING FEET BACK TO LIFE.
- ☐ **FACIAL PEEL**
  REVEAL GLOWING SKIN WITH A GLYCOLIC TREATMENT DURING ANY FACIAL SERVICE.
- ☐ **LED LIGHT THERAPY TREATMENT**
  GENTLY ERASE FINE LINES AND DISCOLORATION DURING ANY FACIAL SERVICE
- ☐ **DERMAPLANING EXFOLIATION**
  IMPROVE PEEL RESULTS WITH THIS CLINICAL FACIAL ENHANCEMENT FOR SOFTER, SMOOTHER SKIN

I CONFIRM THAT THE ANSWERS I HAVE GIVEN ABOVE ARE CORRECT AND I HAVE NOT WITHHELD INFORMATION THAT MAY BE RELEVANT TO MY TREATMENT(S). I HEREBY RELEASE SENARA AND ITS EMPLOYEES FROM ANY AND ALL LIABILITY CONCERNING MY TREATMENT(S).

SIGNATURE _____ DATE _____