



**East Winds Resort**  
**Spa Consultation and Waiver Form**

Name: \_\_\_\_\_

Room # \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Treatment: \_\_\_\_\_

**Questions?**

Is this your first treatment at this Spa?

Yes: ( )

No: ( )

Do you suffer from any of the following medical conditions?

Allergies ( ) Asthma ( ) Sinus problems ( ) Diabetes ( ) Cancer ( )

High/Low Blood Pressure ( ) Head Aches ( ) Poor Blood Circulation ( )

Loss of sensation ( ) Back Problems ( ) Nerve Damage ( ) Epilepsy ( )

Psoriasis ( ) Ache ( )

**Questions continued:**

Have you had recent surgery or injuries or accidents? If yes give \_\_\_\_\_

\_\_\_\_\_

Are you Sunburned?

Yes ( )

No ( )

Other: \_\_\_\_\_

Are you on any Medication? \_\_\_\_\_

Do you have problems sleeping at nights?

Yes ( )

No ( )

**Skin Type Concerns?**

Normal ( ) Sensitive ( ) Dry ( ) Sun damage ( ) Combination ( ) Oily ( ) Dark Circles around eyes/Puffiness ( )

Other: \_\_\_\_\_

**Are you Allergic to any of the oils listed below:**

Palmarosa ( ) Patchoulie ( ) Sandlwood ( ) Mandarin ( ) Rosewood ( )

Pettigrain ( ) Geranium ( ) Atlas cedar ( ) Orange ( ) Fungi Pani ( )

Lemon grass ( ) Peppermint ( ) Lemon ( ) Frank incense ( ) Myrrh ( ) Rose ( ) Eucalyptus

How do you like your Massage Pressure?

Light ( ) Medium ( ) Firm ( ) Deep ( )

**Consent and Agreement:**

I certify that the above statements are true and correct and that I did not leave out any valuable information. I understand that withholding information will result in contra-indications of skin irritation from treatments. Therefore, I give my consent and authorization for my treatment to be carried out.

**Recommendations if Any:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Clients Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_