



Name \_\_\_\_\_  
Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Profession \_\_\_\_\_  
Contact phone \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact and phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is this your first spa treatment? \_\_\_\_\_

Do you wear contact lenses? \_\_\_\_\_

Confidential Health Questions:

Are you or could you be pregnant? \_\_\_\_ If so, how far along? \_\_\_\_\_

Have you had any surgeries in the past year? \_\_\_\_\_

Have you had any of the following conditions in the past or present?

- |  |  |
|--|--|
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Lupus                     |
| <input type="checkbox"/> Systemic Disease                                | <input type="checkbox"/> Keloid Scarring           |
| <input type="checkbox"/> Heart problems                                  | <input type="checkbox"/> Any active infection      |
| <input type="checkbox"/> Spinal injury                                   | <input type="checkbox"/> Insomnia                  |
| <input type="checkbox"/> Arthritis                                       | <input type="checkbox"/> Psychological treatment   |
| <input type="checkbox"/> Eczema, rash, or other skin condition           | <input type="checkbox"/> High stress level         |
| <input type="checkbox"/> Hysterectomy                                    | <input type="checkbox"/> HIV/AIDS                  |
| <input type="checkbox"/> Epilepsy or other Seizure disorder              | <input type="checkbox"/> Pacemaker                 |
| <input type="checkbox"/> Hormone imbalance                               | <input type="checkbox"/> Diabetes                  |
| <input type="checkbox"/> High blood pressure                             | <input type="checkbox"/> Hepatitis                 |
| <input type="checkbox"/> Thyroid condition __hyper or __hypo             | <input type="checkbox"/> Asthma                    |
| <input type="checkbox"/> Chronic headaches                               | <input type="checkbox"/> Metal pins or plates      |
| <input type="checkbox"/> Phlebitis or Blood clotting abnormalities       | <input type="checkbox"/> Autoimmune disorder       |
| <input type="checkbox"/> Neuropathy (numbness/tingling in hands or feet) | <input type="checkbox"/> Nut allergies             |
| <input type="checkbox"/> Spinal stenosis/ Herniated disc/ Sciatica       | <input type="checkbox"/> Current cold/flu symptoms |
| <input type="checkbox"/> Acid reflux/ GERD                               |  |

Any other health conditions or concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please read and sign:

I understand, have read and completed this questionnaire truthfully and to the best of my knowledge. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform the therapist of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Disclaimer: The spa treatments, services and/or facilities received or utilized and DEWA spa at MENLA are intended for general purposes only and are not intended to be a substitute for professional medical treatment for any condition, medical or otherwise, that guests may have. Guests will fully indemnify and hold harmless Menla, its holding companies, affiliates, subsidiaries, representatives, agents, staff and suppliers, from and against all liabilities, claims, expenses, damages, and losses, including legal fees (on an indemnity basis), arising out of or in connection with the spa treatments, services, and/or facilities. Menla is not responsible for the loss of any personal possessions.

Client/Guest signature \_\_\_\_\_

Date \_\_\_\_\_

*Thank you and enjoy your visit!*  
*Dewa Spa Team*