

The following questionnaire provides the information that will enable us to provide you with services & treatments safely & efficiently. All info is confidential & vital for your protection and ours. Thank you for your cooperation!



FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

CELL NUMBER(     ) \_\_\_\_\_

EMAIL \_\_\_\_\_

CITY \_\_\_\_\_

Guest of \_\_\_\_\_

## MEDICAL HISTORY

Please list any medications you are currently taking: \_\_\_\_\_

Do you have any health problems? \_\_\_\_\_

Please indicate all that apply to you.

☐ Heart Problems   ☐ Thyroid Issues   ☐ Back/Neck Pain.   ☐ Cancer   ☐ Headaches   ☐ Hepatitis

☐ HIV/AIDS   ☐ High Blood Pressure   ☐ Skin Sensitivities   ☐ Unstable Angina   ☐ Diabetes

☐ Arterial Disease   ☐ Dizziness   ☐ Shortness of Breath

Are you currently pregnant? How many weeks pregnant? Y/N \_\_\_\_\_

**\*IF YOU ARE STILL IN YOUR FIRST TRIMESTER, PLEASE CONTACT US \***

Allergies? \_\_\_\_\_

## SKIN

Do you have any Botox or fillers? Y/N? \_\_\_\_\_

Do you use any products that contain Retin-A? Y/N? \_\_\_\_\_

Are you using Accutane? Y/N? \_\_\_\_\_

Are you under the care of a dermatologist? Y/N? \_\_\_\_\_

Do you use sunscreen? Y/N? \_\_\_\_\_

Do you have frequent sun exposure? Y/N? \_\_\_\_\_

Do you have any fresh tattoos? Y/N? \_\_\_\_\_

What is a specific concern for your skin?

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

## BODY

Have you ever had a professional massage or bodywork? Y/N? \_\_\_\_\_

What is your desired pressure level?

Have you had an accident or currently have injuries? Y/N? \_\_\_\_\_ List:

Do you have any tingling, numbness, or pain in any specific areas? \_\_\_\_\_

Areas to avoid?

What are your goals for your massage?

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

## INFRARED AND STEAM SAUNA AGREEMENT & ACKNOWLEDGMENT

*Please make sure to always stay hydrated during a sauna therapy session. Dehydration will actually increase carbohydrate utilization & cause less fat to be burned for energy. We recommend drinking at least 4 oz of water beforehand and at least 8 oz of water after your session.*

- Pregnant women should not participate in any sauna. Excessive body temperatures can be damaging to early fetal development. We do not allow pregnant women in our saunas.
- The use of medication, drugs or alcohol prior or during a sauna session may lead to dizziness or unconsciousness.
- Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
- Sauna sessions should be limited to no more than 45 minutes and temperatures must stay below 150°
- No one under the age of 18 is allowed in a sauna unless accompanied by an adult.
- Discontinue use of sauna if you feel light-headed, dizzy, or heat exhausted.

### LATE ARRIVAL & CANCELLATION POLICY:

- Please be aware we ask clients to come in 15 minutes before their scheduled time to ensure no interruption on their service timeframes. If you arrive past your appointment time, we may not be able to accommodate your appointments. If you arrive past your appointment time, we may not be able to accommodate your appointments and you will still be charged for the original booked times
- A card is required to hold your appointments. Acceptable forms of payment for bookings include cash, credit card, or spa gift certificates. As a reminder, we will call to confirm your appointment(s) beforehand.
- We require 24 hours notice for cancelling General Individual appointments.
- Cancellations for groups of three (3) or more individuals, must be made a minimum of 48 hours in advance. Parties of (6) or more individuals will require a 72 hour notice.
- All no show, no notice cancellations, and cancellations made past the required notice date will be charged an equal to 100% of the total price for the services booked on the card on file.

### LEGAL AGREEMENT:

I, the client, understand that the massage/and or bodywork I receive is provided for the basic purpose of relaxation and the relief of muscular tension. I further understand that such services are not a substitute for medical examination, diagnosis or treatment and I should see a physician or another qualified medical specialist for any mental or physical ailment that I am aware of. In consideration of using the spa facilities and/or taking part in spa treatments/programs, I agree, to the fullest extent permitted by law, to forever release, indemnify, defend, and hold harmless the spa, its treatments/subsidiaries, and affiliates, their respective agents, officers, directors, owners, contractors and employees (known as "released parties") from any and all claims and causes of action which I (or the below mentioned minor) might otherwise have or be entitled to assert as a result to any physical injury or otherwise, including without limitation death or property damage or loss sustained in connection with my use (or minor's use) of the spa facilities or participation in any spa program/treatment, including, without limitation, claims and causes of action based on negligence, breach of warranty or breach of contract. I also agree to indemnify, defend and hold harmless the released parties from any and all claims brought by third parties arising out of any (or the below mentioned minor's) acts, errors, omissions.

I acknowledge and voluntarily assume a risk of injury, accident, or death which may arise from the use of a steam sauna. I and any of my heirs, executors, representatives, or assignees hereby release for all the claims or liabilities for personal injury or property loss or damages of any kind sustained while on the premises, during the use of the steam sauna and from any advice provided by an employee, independent contractor, or any representative. I agree that this application and waiver is in effect for all steam sauna sessions and will not expire unless specifically requested by either party. I further understand that it is my responsibility to request, complete and update a new intake form on my future visits to O.liv Body Bar if I experience a change to my current health conditions listed/described above.

**You agree that you have read and acknowledged O.liv Body Bar Policies and Agreements, Cancellation Policies and Legal Agreements., followed by your signature.**

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

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

