301 - 220 Brew St, Port Moody

(672) 877-2555
www.reconnectspa.ca
info@reconnectspa.ca

INTAKE FORM

Although our spa offers purely relaxation treatments and is in no way intended as a remedial service, it is imperative that we understand your health history. Please note that all the information you provide will be kept strictly confidential.

Name	
Email Address	
Contact Telephone	
How did you hear about us?	Google / Online search / Instagram / Facebook / Advertisement Or referred by:
Subscribe to Monthly Specials via email?	Yes No
Emergency Contact Person	Name Tel
Any major illnesses, medical conditions, or injuries that may impact your treatment today?	
Do you have any skin sensitivities or allergies **(please notify spa ahead of time).**	
Do you have any facial fillers? (these could move during facial massage)	Yes / No Area_____ When did you have these approx. _____ Type: _____
Are you pregnant or Breastfeeding?	Yes No As per website and booking emails, we don't offer pregnancy massage. Pregnant or Breastfeeding? We need to discuss **prior** to facial
Dermaplaning, Peel, Botox, Waxing, Microneedling within the last month	Yes No Professional has advised you that you can have facial today? Y / N
Warts or skin infections?	Yes No If yes where?
Other issues not mentioned?	
Areas to avoid during Massage? Like feet?	

PLEASE COMPLETE REVERSE SIDE

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS SO PLEASE READ IT CAREFULLY BEFORE SIGNING:

I confirm that the answers I have given on this form are correct, and I have not withheld any information. By my signature below I give consent to having spa services at Reconnect Spa:

- I have been advised and am aware of all the potential risks associated with the service and procedures I will be receiving and am aware that the treatment is in no way related to remedial work offered by a licensed Remedial Massage Therapist and is for relaxation purposes only.

- I agree to keep Reconnect Spa informed of any updates with my medical history by ensuring this is recorded on this form.

- I understand that, as per website and booking confirmation email, I must disclose all allergies and sensitivities prior to my appointment so that products can be checked thoroughly. If I do not, I acknowledge the risk of a reaction to products used and agree that Reconnect Spa and its affiliates will not be held responsible for any resulting injury or loss, to the extent permitted by Canadian law.

- I understand that pregnancy and breastfeeding require special considerations and that it is my responsibility to notify Reconnect Spa prior to treatment so appropriate precautions may be taken. If I do not disclose this information in advance, I acknowledge that I assume all associated risks and agree that Reconnect Spa and its affiliates will not be held responsible for any resulting effects, to the extent permitted by Canadian law.

- If I experience any pain or discomfort during my treatment, I will notify my practitioner immediately.

- I understand that my practitioner is in no way a medical professional and cannot diagnose or treat medical conditions or make spinal or skeletal adjustments. All treatments at this facility do not substitute medical examinations or diagnosis by a medical professional.

- I agree to comply with all instructions provided by my practitioner.

- I understand that the practitioner can end the treatment at any time due to inappropriate behavior.

- I hereby release Reconnect Spa and its affiliates, officers, directors, agents, employees, and contractors from liability for any loss or damage that may result from my use of equipment or from any services provided or treatment rendered. This release binds my heirs, successors, and assigns.

- I agree to provide 24 hours' notice when changing or cancelling my appointment. I understand that late cancellations and missed appointments will incur a 100% service charge.

Signature	Date

FOR OFFICE USE_____

DRY	OILY	ACNE	COMBINATION
NORMAL	PIGMENTATION	HORMONAL ACNE	ANTI AGEING
SENSITIVE	SCARS	SKIN CONDITION	LARGE PORES

DATE	SERVICE	NOTES

NOTES: