Reconnect Spa

220 Brew St, Port Moody

Suite 301

(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?	Or referred by:
Would you like to receive our 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

- Have you had dermaplaning, waxing, microneedling or facial peel in the last 7 days? YES/NO
  - If yes, as mentioned on our website your skin could be compromised and a facial could irritate skin
- Do you have warts? If yes where are they located _____
- Any other issues we should be aware of that aren't listed? _____
- Any area to avoid during your massage today? _____

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.
- 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 will incur a 50% service charge and "no show" will incur a 100% service charge. Reconnect Spa understands and will make allowances for emergencies.
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Signature	Date

FOR OFFICE USE_____

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

DATE	SERVICE	NOTES