



ELEMENTAL NATURE QUESTIONNAIRE

GUEST NAME _____ DATE _____

DATE OF BIRTH _____ EMAIL _____

If "YES" to any of the following, please list in space provided:

Have you had any facial medical procedures? _____

Have you had any recent illnesses, injuries, surgeries or broken bones? _____

Do you have any allergies or sensitivities? _____

Are you currently under the care of medical professional? _____

Are you currently taking any medications or supplements? _____

Are there any other health or other medical concerns of which I need to be aware? _____

FEMALE GUESTS ONLY - Are you pregnant? If yes, what week? Have you had any complications or are you a high risk pregnancy? _____

Show me where you feel tension or tightness in your body:	LOWER BACK/HIPS	TORSO/MID-BACK	HEAD/NECK/SHOULDERS
	LEGS/FEET	ARMS/HANDS	UPPER CHEST
How is your energy level today:	HIGH/SPORADIC	MODERATE/CONSISTENT	LOW/SLUGGISH
How is the stress in your life:	HIGH	MODERATE	LOW

What was your favorite part of your last massage? _____

What was your least favorite part of your last massage? _____

What expectations do you have for your treatment today? _____

It is my choice to receive massage therapy, spa therapy and/or esthetic treatments. I understand that any information given is strictly confidential and will be used for no other purpose than to assist the massage therapist and/or esthetician in providing a suitable treatment which would take into consideration my specific requirements. I also understand that failure on my part to disclose information could result in injury and/or illness and I hereby release the spa, the therapist, Aveda Corporation and its parent company from any claims resulting from such. Any information provided to me by the massage therapist and or esthetician is for general educational purposes only and is not intended for any medical purpose.

SIGNATURE _____ PHONE NUMBER _____