

SPA CONSENT FORM

A Spa experience promotes health wellness and healing. There are a lot of medical claims that spa treatment will help in many kinds of medical conditions. There are still risks in this type of treatment and the therapists or the physician will explain everything to you.

There are a lot of benefits that you will get from this type of alternative medicine. However, we would like to inform you that these treatments don't claim any therapeutic assurance.

All data that we gather from this form will be kept confidential and will not be released to anyone without your consent.

Client Information			
First Name		Last Name	
Phone Number	Email Address	Date of Birth	
Street Address	City	State	Zip Code
Gender		Height	Weight
Do you have any health or medical conditions?			
Please list any health or medical conditions			

Appointment Information		
Appointment Date	Appointment Time	SPA Services

I authorize this SPA clinic/center to perform the treatment or procedure I've selected. I confirm that I am of legal age and I'm not under the influence when I signed this consent.

I agree that all information listed above or from another form is accurate and true.

I confirm that I do not have any existing medical conditions that can affect the spa treatment.

I confirm that I have read the statements above and the staff has explained the procedures to me.

Signature:

Signature Date:

Please keep a copy of this consent form for your records.