

Hawaiian Experience Spa

11300 E. Via Linda, Ste E, Scottsdale, AZ 85259 - 480-661-2991

1949 W Ray Rd, Ste 16, Chandler, AZ 85224 - 480-855-0145

www.HawaiianExperienceSpa.com

CONFIDENTIAL MEDICAL INFORMATION FORM

Full Name: _____

Nick Name (how you wish to be addressed): _____

Date of Birth (Required by law): _____ Sex: _____ Occupation: _____

Height: _____ Weight: _____

DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING (if yes, please explain – Additional space is below):

- | | |
|--|--|
| <input type="checkbox"/> Arthritis, bursitis or gout _____ | <input type="checkbox"/> Heart disease _____ |
| <input type="checkbox"/> Joint surgery _____ | <input type="checkbox"/> Swelling of legs _____ |
| <input type="checkbox"/> Joint swelling _____ | <input type="checkbox"/> Headaches _____ |
| <input type="checkbox"/> Joint aches _____ | <input type="checkbox"/> High blood pressure _____ |
| <input type="checkbox"/> Sprains/strains _____ | <input type="checkbox"/> Phlebitis (blood clots) _____ |
| <input type="checkbox"/> Decreased range of motion _____ | <input type="checkbox"/> Problems clotting _____ |
| <input type="checkbox"/> Neck, spine injury _____ | <input type="checkbox"/> Hepatitis _____ |
| <input type="checkbox"/> Neck pain _____ | <input type="checkbox"/> HIV _____ |
| <input type="checkbox"/> Whiplash _____ | <input type="checkbox"/> Cancer _____ |
| <input type="checkbox"/> Mid back pain _____ | <input type="checkbox"/> Varicose veins _____ |
| <input type="checkbox"/> Low back pain _____ | <input type="checkbox"/> Easily bruising _____ |
| <input type="checkbox"/> Fused vertebrae _____ | <input type="checkbox"/> Sensitivity to touch _____ |
| <input type="checkbox"/> Disk problems _____ | <input type="checkbox"/> Breast augmentation _____ |
| <input type="checkbox"/> Broken bones _____ | <input type="checkbox"/> Breast pain _____ |
| <input type="checkbox"/> Osteoporosis _____ | <input type="checkbox"/> Abdominal Pain _____ |
| <input type="checkbox"/> Anxiety _____ | <input type="checkbox"/> Colitis _____ |
| <input type="checkbox"/> Depression _____ | <input type="checkbox"/> Asthma _____ |
| <input type="checkbox"/> Numbness _____ | <input type="checkbox"/> Epilepsy or seizures _____ |
| <input type="checkbox"/> Tingling _____ | <input type="checkbox"/> Diabetes _____ |
| <input type="checkbox"/> Stabbing Pains _____ | <input type="checkbox"/> Allergies _____ |

I am pregnant. Number of weeks pregnant: _____ (Use back for additional details).

(initial here if pregnant): I have specific permission to receive massage therapy from my physician (Pregnant women can only receive 60 minute pregnancy massages, or facials. Other services are normally contraindicated).

Medications you are taking and comments or other information about your health (additional space on reverse): _____

Office use only

PLEASE COMPLETE BACK

Are you under the treatment of any other health care professional: Yes No Explain: _____

Have you ever had any surgery not covered above: Yes No Explain: _____

Have you ever been in a motor vehicle accident: Yes No Explain: _____

What is your general level of physical fitness: Poor Fair Average Good Excellent

Additional comments or information: _____

Areas to be massaged/draping: The areas to be massaged may include the following: head, face, neck, chest, stomach, inner thighs, legs, arms, feet, gluteals, back, etc. Depending on the type of massage you receive, these areas may be uncovered in whole or in part to allow the therapist to properly perform the massage. Some massages will require you to be fully disrobed. We will always use the maximum amount of draping practical for the type of massage you are receiving unless you request otherwise. This can be very minimal for some types of massage. **Areas that will not be massaged:** We will never massage or intentionally touch the breasts of a female without a therapeutic reason and separate written consent. Under no circumstances will the genitals or anus be massaged or intentionally touched. If there is any other area you never want massaged, please list it in the comments section above.

(initial here) Improper Conduct: Hawaiian Experience Spa provides professional spa treatments only. Although some treatments may be quite exotic, they are not sexual in any way. If you are looking for a sexual service in any way, please look elsewhere. We **have ZERO tolerance for improper conduct no matter how subtle.** If any client improperly touches a therapist, makes sexual or suggestive remarks, intentionally exposes themselves in an improper manor, or displays any other type of sexual or other improper behavior, or makes the therapist uncomfortable in anyway; 1)The treatment will be immediately stopped, 2)The client will be responsible to make full payment, 3)The client will not be allowed back in the spa, 4)Other action will be taken as needed which may include filing a police report

Your rights and responsibilities during your massage: Your massage is just that, your massage. Please tell us anything that you need at anytime during the massage and we will do our best to accommodate you. For you own safety, you must immediately tell the therapist if anything we are doing causes you pain or is making you uncomfortable in any way. At any time during the massage you may tell the therapist to stop the treatment and he/she will immediately do so.

I certify that the above is true and complete and that I will update this information by verbally telling my therapist of any changes each and every visit to the spa, whether or not I am asked to do so. I understand that massage therapists and estheticians do not diagnose illness, disease, or any other physical or mental disorder, and nothing in this document, any other document, or anything said by any representative of any Hawaiian Experience Spa, Kala Group, LLC, or any franchisee or affiliated company (collectively called "the spa") thereof, now or in the future, shall be construed as such. I understand that massage and related treatments are not a substitute for a medical examination and that I should see a physician for any ailments I am aware of. I hereby release the therapists and the spa of any liability or responsibility of injury resulting from any condition for which he/she/we are aware or unaware.

CLIENT SIGNATURE _____ DATE: _____

Consent to Treatment of a Minor: By my signature below, I hereby authorize the spa and it's therapists to provide massage and related services to my minor child or dependent as we deem necessary. Additionally, I have read, verified, and agree with all information on this form. I understand that I may be present during any massage received by child. This authorization is valid until and unless it is revoked by me in writing.

Signature of Parent or Guardian: _____

Name of Parent or Guardian (please print): _____ **Date:** _____

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GENERAL INFORMATION FORM

(Any information already entered online may be left blank)

*Full Name: _____

Nick Name (how you wish to be addressed): _____

*Street Address: _____

*City, State, Zip Code: _____

Email Address (email is used by our system to automatically confirm appointments, notify you of important information, etc. It will not be shared with anyone- Please write clearly): _____

Home Phone: _____ Work Phone: _____ Cell: _____

*Date of Birth: _____ Sex: _____

Shoe Size: _____

*Indicates this information is required by law.

Please tell us where you heard about us:

How did you hear about us?

Internet

- Yelp
- Spa Finders
- Facebook
- Google
- Yahoo
- AZ Spa Girls
- Other _____

Referred by: _____

Flyer outside of this center _____

Shopping Center Advertising

Other _____

Do you have any other comments? _____
