



CONFIDENTIAL MEDICAL FORM

11300 E. Via Linda, Ste E, Scottsdale, AZ 85259

480-661-2991

1949 W Ray Rd, Ste 16, Chandler, AZ 85224

480-855-0145

13778 W McDowell Rd, Ste 305, Goodyear, AZ 85395

623-536-7766

HawaiianExperienceSpa.com

Full Name: _____

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

Date of Birth: _____ Sex: _____ Occupation: _____

Height: _____ Weight: _____

HAVE YOU HAD A HISTORY OF ANY OF THE FOLLOWING: EXPLAIN AS NEEDED (All information is confidential)

NEVER	PAST	CURRENT	DESCRIPTION	DETAILS
			Abdominal pain	
			Allergies	
			Anxiety or Depression	
			Arthritis	
			Asthma	
			Back Pain	
			Blood clots	
			Cancer	
			Decreased Range of Motion	
			Diabetes	
			Easily bruising	
			Epilepsy or seizures	
			Headaches	
			Heart problems	
			High blood pressure	
			HIV, Hepatitis	
			Joint problems	
			Neck problems	
			Numbness or Tingling	
			Spine problems	
			Sprains/Strains	
			Other medical conditions	

NO	YES	DESCRIPTION	DETAILS
		Are you currently under the treatment of any other health care professional?	
		Have you ever been in a motor vehicle accident?	
		Do you feel you are in good physical condition?	

Please list anything else about your medical condition you want us to know or more details from above

PLEASE COMPLETE BACK

MY THERAPIST PREFERENCES: In the event your selected therapist calls out sick or otherwise cannot make your appointment which of the following would you like (initial next to your selection). You will be sent a text and email if your appointment is changed or cancelled for any reason (unless you opted out of those communication methods).

I would like my appointment moved to another therapist (recommended option)

I would like my appointment cancelled.

SPA POLICIES AND CODE OF CONDUCT: By signing below and/or by receiving a service at Hawaiian Experience Spa you are agreeing the following policies and code of conduct. If guest is under 18 years old parent/guardian must initial and sign indicating approval to treat child under these terms.

(initial here) Improper Conduct/Policies: We provide professional spa treatments only. We have **ZERO tolerance for improper conduct no matter how subtle**. If any guest 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 guest will be responsible to make full payment, 3) The guest will not be allowed back in the spa, 4) Other action will be taken as needed which may include filing a police report.

(initial here) Cancellation Policy: Appointments may be cancelled at any time, without charge, up to 7 pm the day before the appointment by speaking with a spa representative or by cancelling using our online system. Cancellations after that time are subject to a late cancellation fee equal to the full price you would have paid for the service. I authorize Hawaiian Experience Spa to charge my credit card for cancellations in accordance with this policy.

(initial here) My Rights and Responsibilities During My Services: You must inform your therapist immediately if anything they are doing is causing you discomfort so they can assist you. You may stop any service at any time by telling your therapist. You agree to inform a manager or spa owner as soon as possible if you stopped a service due to discomfort or if you had any concerns about your treatment. **If you are or become pregnant, you agree to get approval from your physician before booking any services and will inform your therapist that you are pregnant.**

(initial here) Areas To Be Treated: The areas to be massaged or treated may include the following: head, face, neck, chest, stomach, inner thighs, legs, arms, feet, gluteals, back, etc. Depending on the type of service you receive, these areas may be uncovered in whole or in part to allow the therapist to properly perform the service. We will always use the appropriate amount of draping practical for the type of service you are receiving unless you request otherwise. This can be very minimal for some types of massages. **Areas that will not be massaged or treated:** We will never massage or intentionally touch the breasts of a female, the genitals, or anus. You agree to tell your therapist in advance if there are other areas you do not want them to work on.

(initial here) Payment: I authorize Hawaiian Experience Spa to charge my credit card on file, and/or use any prepaid services or unredeemed gift certificates I have purchased in the past, at our sole discretion, to pay for my services and any other valid spa charges incurred today or anytime in the future, including charges incurred by my guests for whom I have made appointments, cancellation fees, and gratuity without further authorization, unless I pay by another means.

(initial here) No Liability: I certify that all medical and other information I provide to Hawaiian Experience Spa, Kala Group, LLC, any or affiliated company (collectively called "The Spa") is true and complete and that I will update changes in my medical history/conditions by verbally telling my therapist each and every visit to The Spa, whether or not I am asked to do so. I understand that massage therapists and aestheticians 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 thereof, now or in the future, shall be construed as such. I understand that massage and other services offered by The Spa are not a substitute for a medical treatment from a physician. I also understand that The Spa's services involve close physical contact between the therapists and guests and that this may increase the risk of disease transmission between the parties. I assume all risks resulting from my visit and hereby release The Spa of any liability or responsibility of injury or disease resulting from my visit to The Spa or the services I receive.

GUEST (or parent/guardian if under 18) SIGNATURE _____

DATE: _____ PRINTED NAME _____



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GENERAL INFORMATION FORM

(Any information already entered online may be left blank)

*Full Name: _____

*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): _____

Phone Number: _____

Shoe Size: _____