



INDIRA

AVEDA | LIFESTYLE SALON SPA

Massage Questionnaire

Name _____ Birthday _____ Male _____ Female _____

Address _____ City _____ State _____ ZIP _____

Cell Phone _____ Alternate Phone _____

E-mail address _____ Want to receive e-deals? _____

Emergency Contact (Name/Relation/Phone Number)

Occupation _____ Sports/Hobbies _____

How did you hear of Indira Salon & Spa? _____

Primary reason for your appointment today? _____

Have you experienced professional massage before? _____ Pleasant experience? _____

What other spa/body services have you received? _____

Indicate any Treatment Enhancements you are interested in:

Hand or Foot Masque

Botanical Hair & Scalp Treatment

Revitalizing Eye Treatment

Vichy Shower

Indicate any products you would like to learn more about:

Face

Makeup

Aroma

Hair

Men's Shave Care

Nail Care

Body

Essential Oils

Indicate any services you would like to learn more about:

Hair

- Aveda Haircolor
- Color Glossing
- Haircuts
- Waves
- Straightening
- Special Styling
- Extensions

Skin Care

- Botanical Hair & Scalp Treatment
- Facials
- Back Facial
- Peels
- Eye Treatment

Massage/Body

- Vichy Shower
- Hot Stone Massage
- Deep Tissue Massage
- Pre-Natal Massage
- Reflexology
- Body Wraps
- Body Polish
- Caribbean Body Therapy

Waxing

- Brow/Lip Wax
- Body Waxing
- Brazilian Bikini Wax

Nails

- Manicures
- Pedicures

Makeup

- Brow/Lash Tint
- Makeup Lesson

Miscellaneous

- Bridal
- Air Brush Tanning
- Ear Candling
- Lifestyle Rewards Program
- Aveda Pure Privilege Program
- Gift Cards
- Career Opportunities

Indicate areas of your body that you give permission to receive massage:

- | | | | |
|------|----------|------|---------|
| Face | Back | Legs | Abdomen |
| Head | Hips | Feet | Chest |
| Neck | Buttocks | Arms | |

Prioritize top three areas you would like massaged: _____

Please indicate your consumption level:

Salt

- None
- Low
- Average
- High

Alcohol

- None
- Low
- Average
- High

Sugar

- None
- Low
- Average
- High

Water

- None
- Low
- Average
- High

Caffeine

- None
- Low
- Average
- High

Exercise

- None
- Low
- Average
- High

Tobacco

- None
- Low
- Average
- High

Stress

- None
- Low
- Average
- High

Have you consumed alcohol within the last 24 hours? _____ 12 hours? _____ 6 hours? _____

Are you pregnant? _____

How many months? _____ Any complications? _____

Please Explain _____

Indicate if you currently have any of the following conditions:

Contact Lenses	Athletes Foot	Numbness/Tingling	Ulcers
Hearing Aid	Warts	Joint Ache	Constipation
Prosthetics	Contagious Diseases	Arthritis	Gout
Mastectomy	Cold/Flu	Bursitis	Colitis
Allergies	Accident	Tendonitis	Varicose Veins
Aroma Sensitivity	Neck Pain	Inflammation	Bruises
Asthma	Shoulder Pain	Fibromyalgia	Anemia
Respiratory Problems	Upper Back Pain	TMJ	Blood Clots
Rashes	Mid Back Pain	Nervous Tension	Diabetes
Poison Ivy/Oak	Low Back Pain	Depression	Recent Surgery
Psoriasis	Herniated Disk	Claustrophobia	Cancer
Eczema	Broken Bones	Seizures	Heart Condition
Skin Disorders	Sprains/Strains	Epilepsy	Pacemaker
Burns	Carpal Tunnel Syndrome	Headaches	High/Low Blood Pressure
Sun Burns	Decreased Motion	Digestive Problems	Stroke
Open Cuts		Abdominal Pain	

Please Explain _____

Others _____

Please carefully read the following information and sign where indicated. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or qualified medical specialist for any physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe or treat any physical illness and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

- * For the courtesy and relaxation of all spa guests please turn off cell phones.
- * No children under the age of 13 are allowed in the spa.
- * All service times are approximate and include time for consultation & changing.
- * Gratuities are not included and are always appreciated. Thank You!

First Visit:

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Second Visit:

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Elemental Nature _____ Essential Oil Used _____