



CONFIDENTIAL CLIENT CONSULTATION FORM



Name: _____ Email: _____

Phone: _____ Yes, I would like to be added to Quaaout Lodge & Spa at Talking Rock Resort Email list.

Location of Residence: _____

The information on the form is highly appreciated and respected – it will be kept private and confidential. This information you provide us is for your safety so we can provide services and apply products that do not contraindicate any side effect for you. We maintain the highest standards in sanitation and disinfection and we are proud to be Beauty Safe Certified.

High Blood Pressure	Yes	No
Low Blood Pressure	Yes	No
Heart Conditions	Yes	No
Stroke	Yes	No
Pacemaker	Yes	No
Menopause	Yes	No
Hemophilia / Blood Conditions	Yes	No
Diabetes	Yes	No
Fungal infections	Yes	No
Back / Neck problems	Yes	No
Muscle Pain / Joint Pain	Yes	No
Thyroid Conditions – Hypo / Hyper	Yes	No
Epilepsy / Seizures	Yes	No
Arthritis	Yes	No
Poor Circulation	Yes	No
Edema / Other swelling	Yes	No
Do you Bruise Easily	Yes	No
Cuts / Wounds	Yes	No
Injuries / Recent Bone Breaks / Surgeries	Yes	No
Cancer – Past – Recent – Current	Yes	No
Varicose Veins	Yes	No
Skin Sensitivities	Yes	No
Allergies	Yes	No
Fibromyalgia	Yes	No
Are You Currently Pregnant ? Dr. permission will need to be provided prior to any massage treatments. <i>(please note that body treatments and hydrotherapy treatments cannot be performed on pregnant guests)</i>	Yes	No

During your service it is important to us that you receive the ultimate in pampering. Please check the box that best suits your time spent in our spa.

Conversation during service is OK Minimal conversation preferred Quiet time with little to no conversation unless necessary.

Any other conditions, disorders, or diseases that we should be aware of?

Medications?

Client/Parent/ Guardian Signature: _____ Date: _____

Waiver of Liability and Informed Consent Release

I understand that any services I have scheduled with Le7Ke Spa may carry a risk of injury. I recognize that as a result of these services, unpredictable side effects may occur, including, but not limited to, redness of the skin, inflammation, feelings of light headedness, irritation of the skin, blood pressure changes and allergic reactions.

I understand that a medical evaluation is advisable before commencing in any Le7Ke Spa service. I will continue to keep Le7Ke Spa informed of any medical problems or change in my physical condition which may affect services that I have scheduled in Le7Ke Spa. I acknowledge that neither Le7Ke Spa, nor its employees are engaged in diagnosing or treating medical diseases, disorders or conditions.

I expressly assume all risks to me associated with any service offered by Le7Ke Spa and waive any claim which I might otherwise bring against Skwlax Investments Inc. DBA: Le7Ke Spa, its directors, practitioners, employees, and shareholders, as a result of injuries resulting from or relating to my participation in one or more services.

Le7Ke Spa shall not be responsible or liable for any article lost, stolen, or damaged in or about Le7Ke Spa.

Le7Ke Spa will not tolerate any inappropriate acts, as I understand that my session will be terminated due to any form of inappropriate behavior. We are committed to professionalism and expect the same from our clients.

Signature

Date

