



at SACRED GROUNDS

SPA INTAKE FORM

Please fill out both pages 1 & 2 of this form and email to thespasacredgrounds@gmail.com prior to your appointment.

Name _____ Date of Service _____

Address _____ City / State / Zip _____

Cell Phone _____ E-mail _____

How did you hear about The Spa? _____

Please state your reason(s) for this visit.

Have you previously experienced professional massage therapy/bodywork? _____

Please list any allergies.

Please list any illnesses, surgeries, skin conditions, or medical history that may be important for your therapist to know about. Check if pregnant.

Please list any areas of discomfort that you wish your therapist to focus on.

Please read before signing: I understand that massage therapy/bodywork is given here for the purpose of stress reduction, release from muscular tension or spasm, and for increasing circulation and energy flow. I further understand that massage therapy should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician or other qualified medical specialists for any mental or physical ailment I am aware of. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my know medical conditions and answered all questions honestly.

Signature _____ Date _____

You are encouraged to communicate any and all of your expectations clearly to your therapist before and any time during your service. The therapists at The Spa at Sacred Grounds reserve the right to terminate a service due to inappropriate behavior or language from any client at full charge.

For Spa Use:

Therapist: _____



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Precautionary Coronavirus Client Liability Release Form

Due to the 2020 outbreak of the novel Coronavirus, COVID 19, The Spa at Sacred Grounds is taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices.

Please complete the following and sign below. Symptoms of Covid 19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I, _____ agree to the following:

1. I understand the above symptoms and affirm that I, as well as all household members do not currently have, nor have experienced the symptoms listed above within the last 14 days.
2. I affirm that I, as well as all household members, have not been diagnosed with Covid 19 within the last 30 days.
3. I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with Covid-19 within the last 30 days.
4. I affirm that I, as well as all household members, have not traveled outside of the Country within the last 30 days.
5. I understand that The Spa at Sacred Grounds Spa, and its employees, cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below, I agree to each above statement and release the Spa at Sacred Grounds Spa and its employees from any and all liability for the unintentional exposure or harm due to Covid-19 and other communicable conditions.

Signature _____ Date _____

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Thank you! Stay happy & healthy!

920-854-4733

www.SacredGroundsSpa.com