

Please take a moment to complete your profile (please print clearly)

Name _____		Phone Number(_____)_____ - _____	
Street Address _____		City _____	
Province/State _____		Zip/Postal Code _____ Country _____	
Birthday (M/D/Y) _____ / _____ / _____		Fairmont Presidents Club Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> YES, I would like to receive exclusive offers & communications from Spa Fairmont at a Fairmont Hotel. (To view our privacy and opt-out policies please visit <a href="http://www.fairmont.com">www.fairmont.com</a> and select the privacy icon at bottom of the page.)			
Email _____			
(Please Print clearly)			

This information is requested so your spa professional can better customize your experience to your needs and ensure the safety/efficacy of your spa experience. This information is confidential and does not become a part of your spa profile.

- Is there a specific reason for selecting this treatment?

☐ Relaxation

☐ Arthritis (type & location)

☐ Relief from muscle tension/soreness

☐ Other

- What is your emotional/stress level? High / Medium / Low

- Do any of the following conditions apply to you? (past or present)

**Allergies**

☐ Nut / Seed Allergies

☐ Latex Allergy

☐ Other (please identify)

☐ Asthma

☐ Arthritis (type & location)

☐ Bone Fractures (please identify)

☐ Bruise Easily

☐ Cancer / Related Treatments (please identify)

☐ Diabetes (please identify)

☐ Digestive Condition

☐ Dizziness / Negative reaction to heat (please identify)

☐ Epilepsy

☐ Head/Neck Trauma (please identify)

☐ Heart Condition (please identify)

☐ High Blood Pressure

☐ Kidney Disease

☐ Numbness / Tingling / Hypersensitivity (where?)

☐ Pregnancy (how many months?)

☐ Recent Surgery (please identify)

☐ Skin Conditions / Lesions / Plantar Warts

☐ Soft Tissue Sprains or Strains (please identify)

☐ Spinal Disk Injury / Disease (please identify)

- Do you have any other medical conditions or injuries not listed above?

Please list: \_\_\_\_\_

- Medications you are taking:

Please list: \_\_\_\_\_

**ACKNOWLEDGEMENT** (must be completed by guests 18 years of age and older)

I acknowledge that I am least 18 years of age and that the treatments provided at Spa Fairmont at a Fairmont Hotel are not intended as a diagnosis and do not replace medical treatment. I further acknowledge that the information provided in this form is true, accurate and complete and that certain treatments may be refused to me on the basis of the information provided herein.

If at any time you feel any physical or emotional discomfort, please inform your therapist that you would like to pause, change or discontinue your service. If you would like you may confidentially discuss any concerns you have with the current manager on duty.

- Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

FOR OFFICE USE ONLY: Therapist has been advised by guest that the information provided in this form is true, accurate and complete. (Therapist must complete the chart below.)				
	Name of Therapist	Treatment(s) Provided	Date	Therapist's Signature
1.				
Notes:				
2.				
Notes:				
3.				
Notes:				
4.				
Notes:				