



Guest Welcome Form

Group Leader: _____

Appt. Date & Time: _____

First Name: _____ Last Name: _____ D.O.B: ____ / ____ / ____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Occupation: _____

How did you hear about us? _____

What do you hope to gain from today's visit? (please mark all that apply)

- Moment of relaxation
- Ease muscle tension
- Spend quality time w/ friends & family
- Enjoy a moment of solitude
- Relieve stress
- Pamper myself
- Relieve anxiety
- Other : _____

Do you have any of the following? (please mark all that apply)

- Flu/Fever
- Bruise Easily
- Skin Sensitivities
- Foot Fungus
- Varicose Veins
- Arthritis
- Plantar Warts
- Numbness or Pain
- Poor Circulation
- Anxiety
- Depression
- Pregnancy
- Other: _____

Do you have any allergies? NO YES Please list: _____

Massage oils can damage clothing, I acknowledge I have the option to change and understand The SoakingPot is not responsible for damaged clothing. I also acknowledge personal items should be put in a locker or kept with me. **Initial** _____

I understand that the soak/massage/bodywork I receive is intended to enhance relaxation and in no way, takes the place of a doctor's care. If I experience any pain or discomfort during this session, I will immediately inform the therapists so the treatments may be adjusted to my level of comfort. Soaks/massage/bodywork should not be performed under certain medical conditions, I understand that I should consult my physician with any medical concerns.

I affirm that I have stated all my known medical conditions and answered all questions honestly, I agree to keep the therapist updated as to any changes in my medical profile and understand that there should be no liability shall I fail to do so. By signing below, I am consenting to treatment.

Unfortunately, infants, toddlers, and young children cannot be accommodated in the Infusion Spa. Children between the ages of 11-17 must be accompanied by a parent or guardian, with signed consent, prior to services. Please sign below if applicable.

Signature: _____ **Date:** _____

Signature of Parent or Guardian if below 18: _____

PLEASE SELECT YOUR SOAK & ANY ADD-ON TREATMENTS

- 30-Minute Express Soak
- Standard 1-Hour Soak
- 15-Minute
- 20-Minute
- 30-Minute Combo (pick two)
- 40-Minute Combo (pick two)
- ORANGE HB
- FR. LAV COCO
- CEDAR
- COCO PEP
- CHOCOLATE
- DEW
- SUMMIT
- CLASSIC
- BLACK
- HEALING
- Y-FACTOR
- RED
- HEAD-NECK-SHOULDER
- LOWER LEG & FOOT
- LOWER ARM & HAND
- MINI FACIAL
- Paraffin Hand Treatment
- Full Body Massage

ROOM #: _____

Single Pot/Cup Tea: _____

Shared Pot of Tea: _____

Meat & Cheese Fruit & Cheese

Treat: _____

Treat: _____

Other: _____