### MAIS OUI

Massage & Spa Cottage

# client intake FORM

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| (Please Print)  Thank you for choosing Mais Oui. We want to insure your total satisfaction. Please advise your therapist if any changes need to be made during your treatment such as pressure, temperature, etc. We ask that you place personal belongings in the clothes basket. Undress to your comfort level and your therapist will be in shortly to begin your treatment.  You may choose to use the restroom before your treatment. If you need assistance please ask your therapist. If you need to leave the treatment room during your treatment please ask the therapist for a robe.  Thank you for visiting Mais Oui Massage & Spa Services. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s date: / / | | | | | Time: | | | | | | | | | | | |  | | | | | | | | | | | |
| Client INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client’s Name: | | | | | | | | | |  | | | |  | | | | | | Birth Date: (Month/Day) | | | | | | | | |
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| Street Address or P.O. Box: | | | | | | | | | | | Cell Phone: | | | | | | | | | Home Phone: | | | | | | | | |
|  | | | | | | | | | | | ( ) | | | | | | | | | ( ) | | | | | | | | |
| City: | | | State: | | | | | | | | | | | | ZIP Code: | | | | | | | | |  | | | | |
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| Occupation: | | | Email Address: | | | | | | | | | | | | | | | | Would you like to receive Special Offers via email? | | | | | | | | | |
|  | | | @ | | | | | | | | | | | | | | | | ❑ Yes ❑ No | | | | | | | | | |
| How did you choose Mais Oui | | | | | | ❑ Google Search | | | | | | | ❑Clicked on Internet Ad | | | | | | | | | ❑ Yelp | | | | ❑ NapaSpas.com | | | |
| ❑ CalistogaSpas.com | ❑ Calistoga Visitor’s Center | | | | | | ❑ Napa Visitor’s Center | | | | | | | | | ❑ Spafinder | | | | | | | | | ❑ TripAdvisor.com | | |
| If you are interested in Mais Oui Membership please ask your therapist for information and/or check here and we will contact you ❑ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What Treatment or Package Are You Receiving? | | | | | | | | | | | | Massage Pressure? ❑ Light ❑Med ❑ Firm ❑ Deep Tissue Deep Tissue is a $14 Upgrade | | | | | | | | | | | | | | | | |
| ❑ Express Package | | ❑ Deluxe Package | | | | | | | | | | ❑ Napa Valley Package | | | | | | | | | ❑ Paris Package | | | | | | | |
| ❑ Signature Massage | | ❑ Deep Tissue | | | | | | | ❑ Hot Stone | | | | | | | | | ❑ Foot & Hand | | | | | | | | |
| ❑ Herbal Facial | | | | ❑ Body Scrub | | | | ❑ Body Wrap | | | | | | | | | | | | | | |  | | | | | | | |
| ❑ Tea Soak | | ❑ Body Mask | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Please Select Any Upgrades You Wish To Add To Your Treatment  $14 Each except Body Mask $19 Full Hot Stones $19 | | | | | | | | | | | | ❑ Hot Stones $14/$19 | | | | | | | | | ❑ Shea Butter | | | | | | | |
| ❑ Deep Tissue | | ❑ Peppermint Scalp Massage | | | | | | | | | | ❑ Body Polish | | | | | | | | | ❑ Mineral Spray | | | | | | | |
| ❑ Warm Towels | | ❑ Honey Mask | | | | | | | | | | ❑ Reflexology | | | | | | | | | ❑ Body Mask | | | | | | | |
| **Please Turn Page Over Complete Form And Sign Release** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Health INFORMATION | | | | | | | | | | | | | | | | | | | | |
| Do you have any areas you would like concentrated on? If so, explain. | | | | | | | | | | | | | | | | | | | | |
| Do you have sensitive skin? ❑ Yes ❑ No | | | | | | | | | | | | | | | | | | | | |
| Do you have any health problems or concerns that we need to be aware of before treatment? If so, please list. | | | | | | | | | | | | | | | | | | | | |
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| Are you pregnant? | | | ❑ Yes | | | ❑ No | | |  | | | | | | | | |  | | |
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| Do you have any allergies? | | | | | ❑ Yes | | | ❑ No | | |  | | | | | | | | | |
| Please indicate allergies | | | | ❑ Olive Oil | | | | | | ❑ Almond Oil | | | | ❑ Nuts | | | ❑ Flowers | | ❑ Lotion | |
| ❑ Aroma Therapy | | ❑ Eucalyptus | | | | | ❑ Honey | | | | | ❑ Sugar | | | | | ❑ Chamomile Tea | | | |
| ❑ Iodine | | ❑ Sea Food | | | | | ❑ Latex | | | | | ❑ Jojoba Oil | | | | | ❑ Facial Cleansers | | | |
| ❑ Grape Seed Oil | | ❑ Lavender Oil | | | | | ❑ Sesame Oil | | | | | ❑ Peppermint Oil | | | | | ❑ Shea Butter | | | |
| ❑ Others (Please list) | | | | | | | | | | | | | | | | | | | | |
| Have you ever had an adverse reaction to a cosmetic product or ingredient? If so, please describe ❑ Yes ❑ No | | | | | | | | | | | | | | | | | | | | |
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| IN CASE OF EMERGENCY | | | | | | | | | | | | | | | | | | | | |
| Name of local friend or relative: | | | | | | | | | | | | | Phone Number: ( ) | | | | | | | | |
|  | | | | | | | | | | | | |
| I understand that this treatment should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that the therapist is not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the session may be adjusted to my level of comfort. I understand that I may be exposed to certain products that may contain but are not limited to Olive Oil, Almond Oil, Nuts, Flowers, Chamomile Tea, Aroma Therapy, Lavender, Eucalyptus, Peppermint, Honey, Sugar and Lotion. I understand that I may have an adverse reaction to some of these and other ingredients used in massage and other spa treatments and in requesting the treatment accept all risk involved and will not hold Mais Oui, the therapist or any other party liable. | | | | | | | | | | | | | | | | | | | | |
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|  | Client/Guardian Signature | | | | | | | | | | | | | |  | Date | | | |  |

This form has been reviewed by me and any concerns discussed with client.

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*Therapist’s Signature Date*

Safety and Sanitary Procedures – Therapists must make sure that the Safety and Sanitary procedures are followed. All items used are to be cleaned, sanitized and/or turned off as per the procedures. All surfaces must be cleaned and sanitized using the appropriate products. All items/supplies used must be restocked such as lotions and bottles of water from refrigerator. Lock Spa when leaving.

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| ❑ Beds – Linens Changed and Heated Pads Turned Off | ❑ Counter Tops Cleaned and Sanitized | | ❑ Crock Pots Cleaned, Sanitized and Off | | ❑ Hot Stones Cleaned and Sanitized | | ❑ Roll Cart Cleaned and Sanitized | |
| ❑ Towel Cabinet Cleaned, Sanitized and Turned Off | | ❑ Treatment Plates and Bowls Cleaned and Sanitized | | ❑ Treatment Plates and Bowls Dried and Returned to Cabinet | | ❑ Heated Booties and Hand Mittens Turned Off and Unplugged | | |
| ❑ Lotion Bottles Refilled | | | ❑ Bottled Water Used Restocked in Refrigerator | | ❑ Client Payments Logged into Log Book | | |

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_