



Personal Medical History:

Do you have a personal history of any of the following:

Heart Disease/Surgery _____	Allergies _____
Cancer _____	Joint Pain _____
High Blood Pressure _____	Contact Lenses _____
Phlebitis _____	Pregnant Now? _____
Varicose Veins _____	Skin Irritations _____
Recent surgery/Illness _____	Back/Neck Pain _____
Diabetes _____	Migraines _____
Arthritis _____	Bursitis _____
Frequent Headaches _____	

Is this your first professional massage? Yes No

Are you currently taking medications? Yes No

Do you have any tension or soreness in a specific area? Yes No

Where? _____

Massage is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. If you experience pain or discomfort, immediately inform the massage technician so that the pressure and/or strokes may be adjusted. Massage is contraindicated (should not be done) under certain medical conditions, including without limitations:

- Tissue or swelling which might be malignant
- Acute inflammatory processes (exception bursitis)
- Acute skin infections, such as eczema or seborrhea (exception of psoriasis –use no oil)
- Acute inflammation of the veins, such as varicose veins and phlebitis
- Inflammation of the bone and/or marrow osteomyelitis
- Known thrombosis (blood clot)
- Marked degrees of hernia
- Gastric or duodenal ulcers
- Acute disease accompanied by fever

PLEASE ADVISE US OF ANY OTHER RELEVANT MEDICAL CONDITIONS

I, _____ do hereby acknowledge that I am aware of the health risks inherent in any spa services that I receive, including services at THE WELL Spa at the Grand Geneva Resort I hereby for myself, my heirs and my assigns, waive any and all claims to damages or injuries I may have against Grand Geneva Resort, its owners and affiliates, employees, and agents for any and all injuries suffered by me while visiting THE WELL Spa. I have read this form and fully understand that by signing this form. I am giving up certain legal rights and/or remedies.

Guest Signature

Date