



Grand Geneva Resort & Spa, Lake Geneva WI

Name:	Occupation/ DOB:
Address:	Phone:
City: State: Zip:	Email:
Emergency Contact:	Phone:

**Would you like to receive emails from the WELL Spa? YES / NO**

**GENERAL HEALTH:**

Any broken bones, accidents, injuries or surgeries in the last 2 years? If YES, explain:

List any medications you are currently taking:

Do you have any implants or a pacemaker? Yes / No

Are you pregnant? If so, how many weeks:

**HEALTH HISTORY – PLEASE CIRCLE ALL THAT APPLY:**

Heart Conditions	Sinus Problems	Allergies (i.e. shell fish)	Blood Clots
Numbness	Jaw Pain/TMJ	Headaches/Migraines	Chronic Pain
Rashes/Warts	Arthritis	Contagious Diseases	Epilepsy
Diabetes	Fatigue	High/ Low Blood Pressure	Cancer

OTHER (explain):

<b>MESSAGE APPOINTMENTS</b>	<b>GOAL FOR MESSAGE SESSION</b>
Is this your first professional massage? Yes / No	Relaxation  Muscle Tension Relief
Is there any part of your body you DO NOT want massaged?	
Do you have any concerns you would like addressed?	

**SKIN CARE APPOINTMENTS**

Are you under the care of a dermatologist? Yes / No

Do you use any of the following? Please CIRCLE:  
Accutane Retin A Renova Tetracycline Other

Have you ever had any of the following? Please CIRCLE:  
Chemical Peel Microdermabrasion Botox Other Resurfacing Treatments or Injections

Are you currently using products that contain Alpha hydroxyl Acids? Yes / No

Do you have any skin sensitivities or irritants? Yes / No

Have you been tanning in the last 24 hours? Yes / No

**GOALS FOR SKINCARE SESSION:**

PLEASE SEE OTHER SIDE →

In an effort to customize your journey, WELL Spa offers the following choices:

(Please circle your preferences)

**PREFERRED TEMPERATURE SETTING FOR YOUR TREATMENT TABLE:**

Off Warm

**PREFERRED PRESSURE (Massage only)**

Light Medium Firm/Heavy (Upgrade Will Apply)

**Upgrades and Enhancements**

**Massage Appointments:** Please CIRCLE any upgrades you would like to receive:

Deep Tissue (\$20) Aromatherapy (\$20) Biofreeze Gel (\$5) Prossage Heat Ointment (\$5) Lava Shells® (\$20)  
Paraffin Hands/ Feet Treatment (\$10 ea.) Omega Massage Oil (\$15) Cooling lotion (Legs & Feet) (\$10)  
Prenatal Stretch Mark Oil/ Butter (\$5) Moroccan Oil® Scalp Massage (\$15) Moroccan Oil® Pure Argan Oil (\$25)  
Moroccan Oil® Intense Hydration Treatment (\$20) Moroccan Oil® Body Soufflé (Hands/ Feet) (\$10 ea.)  
Moroccan Oil® Body Butter (Hands/Feet) (\$15 ea.)

**Facial Appointments:** (50 min. or longer) Please CIRCLE any upgrades you would like to receive:

Youthful Eye Treatment (\$25) Moisturizing Lip Enhancement (\$20) Resurfacing Treatments (\$25 ea.)  
Anti-Aging Mask (\$25) Volcanic Ash Mask for face, feet or hands (\$20 ea) Paraffin Face Mask (\$15)  
Moroccan Oil® Hand or Foot treatment (\$15 ea.) Moroccan Oil® Dry Scalp Treatment (\$15)  
Moroccan Oil® Pure Argan Oil (\$25) Brow, Lip & Chin Wax (\$17 ea.)  
Hot Stone Facial technique (\$25) Deep Detox Treatment, applied to spine & feet (\$35) one area only (\$25)

**Body Treatments:** Rejuvenating Glow & Cleanse (\$25) Moroccan Oil® Pure Argan Oil (\$25)  
Moroccan Oil® Intense Hydration Treatment (\$20) Moroccan Oil® Body Soufflé (\$10) Moroccan Oil® Body Butter (\$15)

I have read and understand and agree to follow the posted rules of the WELL Spa and Grand Geneva Resort at my own risk, which I voluntarily assume. I understand that it is my responsibility to inform all therapists of any relevant medical history, medication and anything that may hinder or affect treatment or its outcome.

**Please understand that it is your responsibility to notify your service provider if the quality of service is NOT meeting or exceeding your expectations. We want you HAPPY.**

The WELL Spa assumes no responsibility for items placed in treatment rooms or relaxation areas. I understand that WELL Spa may end a treatment at any time for inappropriate behavior. By signing this agreement, I waive and relinquish all rights that I have now or may have in the future against WELL Spa and its affiliated companies and I agree to indemnify and hold them harmless from any and all claims for bodily injury, property or other damages which may arise as a result of my use of the WELL Spa.

Guest/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_