BELLA OASIS DAY SPA

Client Intake & Consent Form

Please complete this form before your appointment so our therapists can tailor your treatment safely. You can also fill this out online at bellaoasisdayspa.com/intake.

Personal details

Full name

Date of birth: _____ Occupation: _____

Email

Mobile number

Address

Emergency contact

Contact name

Relationship: _____ Phone: _____

Health history

Please tick anything that applies:

[ ] High / low blood pressure

[ ] Heart condition

[ ] Diabetes

[ ] Epilepsy

[ ] Asthma / respiratory issues

[ ] Skin condition

[ ] Recent surgery or injury

[ ] Varicose veins

[ ] Migraines

[ ] I am currently pregnant or trying to conceive

Anything else we should know about your health?

Allergies & medications

Allergies (products, nuts, latex, etc.)

Current medications

Your treatment

Preferred massage pressure: [ ] Light [ ] Medium [ ] Firm [ ] Deep

Areas you'd like us to focus on

Skin concerns (for facials)

Consent

I confirm that the information I have provided is accurate and complete to the best of my knowledge. I understand the nature of the treatments offered by Bella Oasis and acknowledge that they are not a substitute for medical care.

I understand that it is my responsibility to inform my therapist of any changes to my health, medications, or comfort during my treatment. I consent to receive the treatment(s) I have booked and release Bella Oasis, its owners, and its staff from any liability for any injury, harm, or aggravation of a pre-existing condition resulting from the treatment, except in the case of negligence.

I have read and understood this consent and agree to its terms.

Signature: _____ Date: _____