



We love referrals!  
For every person you refer to us  
you get \$10 in spa bucks!

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive coupons from Tres' Bella? \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you hear about Tres' Bella?  Website  Newspaper  Radio  Other \_\_\_\_\_

Would you like to receive appointment confirmations via:  email or  text message wireless carrier \_\_\_\_\_

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### Massage/Body Treatment Questionnaire

Are you presently under the care of a doctor or therapist?  Yes  No

If so for what? \_\_\_\_\_

Have you ever had a professional massage  Yes  No

If so when you was your last massage \_\_\_\_\_ What type of massage? \_\_\_\_\_

What are your goals for this massage?  Relaxation  Stress Relief  Pain Relief  Other \_\_\_\_\_

Please check any of the following that presently apply to you:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Allergies          | <input type="checkbox"/> Arthritis            | <input type="checkbox"/> AIDS/ HIV      | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Bone Injury          | <input type="checkbox"/> Cancer         | <input type="checkbox"/> Cold or Flu         |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Joint Injury or Pain | <input type="checkbox"/> Osteoporosis   | <input type="checkbox"/> Phlebitis           |
| <input type="checkbox"/> Pregnancy          | <input type="checkbox"/> Blood Clots          | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Skin Condition      |
| <input type="checkbox"/> _____              |   |   |  |

Recent Surgery (past 6 weeks) If so, what? \_\_\_\_\_

Prescribed medications? \_\_\_\_\_

Other injuries or concerns? \_\_\_\_\_

Are there any areas you would prefer the therapist to AVOID? \_\_\_\_\_

Are there any areas you would like the therapist to focus on? \_\_\_\_\_

I understand that the service providers are not trained in the diagnosis and treatment of disease. I confirm that I have a medical doctor for all the conditions listed above and have been authorized to receive therapeutic massage or facial. By signing this release, I do hereby waive the massage therapist and Tres' Bella from all liability.

Signature \_\_\_\_\_ Date \_\_\_\_\_