



SPA THERAPY CONSULTATION

Last Name: _____ First Name: _____ Date of Birth: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Email: _____ Phone Number: _____ Gender: _____
Would you like to receive information on our special offers & promotions? YES: Email Direct Mail NO

Omni Barton Creek Resort Guest Room/House Number: _____ Omni Select Guest Member:
 Local Guest Club Member Gold Platinum Black

Are you visiting the resort with a group or wedding party? If yes, please specify.

How did you hear about Three Springs Spa? _____
What are you celebrating today? _____

The remainder of this consultation is considered confidential in nature. The information requested is meant to ensure your spa services do not contraindicate any health or medical conditions and that you receive the highest quality services we are able to provide.

List any food, product, or other serious allergies: _____
Are you pregnant, or is there any chance you may be pregnant? YES: _____ weeks NO
Explain any injuries or surgeries you have experienced in the last 6 months?

Do you regularly take/apply any medication, drug, or prescription grade product? YES NO
If yes, please explain: _____

Are you presently experiencing alcohol intoxication? YES NO

Please indicate if any of the following conditions apply to you.

- Acute skin conditions (ie, Eczema, Seborrhea)
 Anemia
 Athlete's foot/Fungus
 Blood pressure issues
 Inflammation (please explain)
 Cancer/Tumors (within the last 12 mo.)
 Cardiac Conditions
 Cold or Flu (w/ fever)
 Diabetes (unregulated)
 Epilepsy/seizures
 Hemophilia
 Infectious diseases
 Kidney problems
 Liver Problems
 Multiple Sclerosis
 Heart implant/pace maker
 Osteomyelitis
 Respiratory issues
 Shingles
 Sleep difficulty
 Thrombosis
 Varicose veins
 Other

Please provide additional information: _____

Please review the following regarding massage/body treatment services:

Massage is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. Unless otherwise specified, massage and other body services will include the full body, excluding breasts and genital areas. All service providers are trained in proper draping techniques. If at any time you experience discomfort or pain, please immediately inform the technician providing your service(s).

Is this your first professional Massage service? YES NO
What are your expectations for your service? _____

Preferred massage pressure: Light Moderate Firm Deep Tissue*

*Upgrading your Swedish massage to deep tissue pressure incurs an additional fee

Specific areas of concern/focus: Neck/Shoulders Back Arms Legs
 Other: _____

