



TAMARA SPA

Welcome to Tamara Spa.

Please help us to serve you by completing the client information form.

Date ____/____/____

Salutation (please indicate one) Mr. / Mrs. / Miss / Ms

First Name _____ Last Name _____

Address Line 1 _____

Address Line 2 _____

City _____ Zip _____

Home Phone () _____ Work Phone () _____ Mobile _____

Email Address: _____

I wish to receive Tamara Spa Newsletter/internet special notices. Yes No

Age Group Under 16 16-18 18-25 25-35 35-45 45-55 55-65 65+

Occupation _____

How did you learn of our spa (please indicate all that apply)

- | | |
|--|---|
| <input type="radio"/> Introductory Voucher | <input type="radio"/> Gift Voucher |
| <input type="radio"/> NZ Life & Leisure | <input type="radio"/> Google |
| <input type="radio"/> Ponsonby News | <input type="radio"/> Online Yellow Pages |
| <input type="radio"/> Entertainment Book | <input type="radio"/> Referred by |
| | Other please specify _____ |

History

Have you ever had a reaction to personal care products? Yes No

If yes, please list _____

Are you pregnant? Yes No

Acute Injury Yes No

If yes, please elaborate _____

Do you have any other medical conditions of which we should be aware? Yes No

If yes, please list _____

I understand that the therapist does not diagnose illness, disease or any other physical or mental disorder. Tamara Spa is not liable for any accident/injury that may occur to you in the premises. All products used are Ayurvedic/natural products and we do not take liability for any reactions that may occur. If any discomfort is experienced please inform therapist immediately.

Print Name _____ Signature _____

(Parent or Gardian name & signature if under 16)