

INTAKE FORM



Please note all sections of this Intake Form must be completed.

PLEASE PRINT

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____

How would you like your future appointment reminders to be sent? Text E-mail

E-mail: _____

Cell Phone / Carrier: _____

Would you like to receive our monthly newsletter for Spa promotions? Yes No

If yes, please provide your preferred E-mail: _____

Please note, until a client's 13th birthday, it is a NYS regulation and an AgeLess SPA policy that a parent/guardian must be present in the room during your spa service today.

Parent/Guardian Signature: _____

Do You Have Any Allergies?

No Yes (Please list) _____

Please Indicate Any Medication

You Are Currently Taking _____

Please Indicate The Conditions That Apply To You

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Breathing Difficulties | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer | <input type="checkbox"/> Hernia(s) | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Auto Immune Conditions | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Herpes | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Disc Conditions | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Blood Pressure Concerns | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> HIV | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Broken/Dislocated Bones | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> MS | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Headaches | <input type="checkbox"/> Muscle Strain/Sprain | <input type="checkbox"/> None of the Above Apply |

Client Initials _____

Do You Have Any Of The Following Today? Please Check All That Apply

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Severe Pain |
| <input type="checkbox"/> Cold/Flu | <input type="checkbox"/> Contagious Illness |
| <input type="checkbox"/> Open Cuts | <input type="checkbox"/> Injuries/Bruises |
| <input type="checkbox"/> Other | |

Stay Young!

C O N S E N T F O R M

Consent For AgeLess Integrative Medical Spa and AgeLess Spa at Tioga Downs Casino Resort

- The information that I have provided in the completed form is true and accurate. Client Initials _____
 - I understand that Massage Therapy, Body Treatments, and Facials should not be construed for medical treatment and that I should see a physician for diagnosis of and treatment for any medical or physiological conditions. Client Initials _____
 - Dear Moms to Be, please note the AgeLess SPA is not able to perform prenatal massages on women that are still within their first trimester, unless a note has been provided by a midwife or medical doctor. Client Initials _____ N/A _____
 - I will keep my practitioner informed of any concerns I have during the services. Client Initials _____
 - This Intake Form and Consent are valid for the first appointment and every date after, unless I request a new document. Client Initials _____
 - AgeLess SPA adheres to a 24-hour cancellation policy. We ask that you provide 24 hours notice when canceling or rescheduling any appointments. Please note, if the 24 hours is not adhered to the following prices will be charged. Appointment re-schedules are 25% of the total service amount, appointment cancellations will result in a 50% charge of the full appointment price, and lastly, No-Show appointments will result in your reservation payment method being charged the full-service price(s). A credit card is required for reserving any spa service(s) scheduled.
 - I have read and understand AgeLess SPA's Cancellation Policy and that I am consenting to credit card charges for a no-show charge or for the services scheduled if I directly disregard the Cancellation Policy.
 - My signature below authorizes the charges related to the Cancellation Policy at AgeLess SPA.
- Client Signature _____ Date _____
- I understand that the services I am scheduled for may include postural assistance and touch. I will inform my practitioner immediately if that touch is uncomfortable. Client Initials _____
 - I understand that all services rendered are therapeutic in nature and that sexual advances or remarks will terminate the session and that I will be liable for payment of the scheduled treatment as well as refused to be seen in the future. Client Initials _____
 - AgeLess, LLC is not responsible for any and all claims including lost, damaged, or stolen personal belongings. Client Initials _____
 - If the client begins to feel discomfort during their service, the client may request to discontinue their service at any time. There will be no charge for the service. Client Initials _____
 - If the practitioner conducting the service feels the service is no longer reasonable to continue with the client, the service may be discontinued any time. There will be no charge for the service. Client Initials _____

Print Name: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**If you are under 18 years of age,
a parent or legal guardian
must sign this consent form.**

Information reviewed
and processed by: