

la therapie

SPA AT PRESTON

**Welcome to La Thérapie SPA AT PRESTON!     Date:**

Thank you for providing us with this information, which will help us tailor your experience at La Thérapie to your personal goals. By partnering with you in this way, we have the opportunity to create a truly memorable and satisfying experience. We also think it's important to give you the tools and knowledge you need to extend the benefits of spa care into your daily home care routine. Whether you're beginning a new path to well being, aspiring to transform your skin and body, or simply escaping the stress of daily life, the more we know about your preferences, history and goals, the better your results will be!

*Guest Privacy Policy: Your information is exclusively for the use of la thérapie employees. It will not be shared with any third parties or non-employees.*

Name \_\_\_\_\_

La Thérapie Spa at Preston may contact me by email.

Guests on our email lists receive special invitations, including private offers to enjoy upgrades and gifts. Our private customer data is never shared or rented.

\_\_\_\_\_  
(Guest Signature)

How did you hear about La Thérapie? \_\_\_\_\_

(If you were referred by a friend or client of ours, please indicate their full name so that we may thank them personally with a Referral Gift Voucher!)

Is this your first spa experience?    No    Yes

Are you a regular "spa-goer"?        No    Yes (How often? \_\_\_\_\_)

Please tell us about spa treatments that you have received in the past:

- |  |   |
|--|---|
| <input type="checkbox"/> Facial            | <input type="checkbox"/> Massage                |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Body Wrap/Masque/Scrub |
| <input type="checkbox"/> Facial Peel       | <input type="checkbox"/> Nails                  |
| <input type="checkbox"/> Endermologie      | <input type="checkbox"/> Other: _____           |

We provide our guests with home care recommendations to help prolong the benefits of your experience with us. Please let us know if you do not wish to participate by initializing here: \_\_\_\_\_

What are your specific beauty and/or wellness goals (immediate and long term) that you would like to work towards? \_\_\_\_\_  
\_\_\_\_\_

**Recent Health**

Have you had any recent surgeries? \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_

Please describe any recent injuries: \_\_\_\_\_  
\_\_\_\_\_

Please describe any recent illnesses: \_\_\_\_\_  
\_\_\_\_\_

Please list any recent allergies you may be aware of: \_\_\_\_\_

Do you take any medications on a daily basis?

If so, please list (please also include topicals such as Retin A, Renova, Tazorac, Avage, Differin etc.) \_\_\_\_\_  
\_\_\_\_\_

Please indicate any of the following that apply to you:

Pregnancy: Due Date \_\_\_\_\_  Recent Childbirth: Date \_\_\_\_\_

- Menopausal                       Diabetes                       Muscular Tension
- Pre-Menstrual                       Migraine Headaches    Eczema
- Extreme Stress                       Asthma                       Fatigue/Insomnia
- Epilepsy                       Dry, flaky skin                       Anxiety/Panic Disorder
- Varicose Veins                       Claustrophobia                       High Blood Pressure
- Water Retention                       Acne Rosacea                       Thyroid: Hyper/Hypo
- Heart Condition/Pacemaker    Chemotherapy/Radiation    Cancer

Are there other specific sensitivities or requests regarding your services that we should be aware of?

Have you experienced any specific techniques in the past that were especially satisfying and rejuvenating?

Our staff and technicians are committed to ensuring that your experience with us is positive and accepting for every body type, gender, age, and ethnicity. We invite you to share any concerns you may have about your treatment(s) today. Please contact the Spa Director via phone 919.380.7339 or email Ashley@ltdayspa.com to share your thoughts.

In the event of a medical emergency, who would you like us to contact?  
(Please include phone #) \_\_\_\_\_

### **Spa Policies**

We understand that it is sometimes necessary to reschedule appointments. We do ask that you give us at least 12 hours notice prior to your scheduled appointment. At La Thérapie, we will ask for a valid Visa or MasterCard to reserve your appointment for you. If you cancel within the 12 hour period, we will try our best to refill the slot that you were in. If we are unable to, we do charge a portion of the service which is \$9 per 15 minutes scheduled. If you give no notice and neglect to keep your appointment, your card will be charged the full amount of your scheduled service. Please sign below, indicating that you have read and agree to comply with our cancellation policy. Thank you very much for all of your cooperation.

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

**IF YOU ARE HAVING ANY WAXING SERVICES:** It is very important to disclose any oral or topical medication that you are currently using or have used in the past seven days. You must list all such information on this sheet and also discuss this information with your technician. Your consent is implied by your signature below.

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

*La Thérapie SPA AT PRESTON is unable to resume responsibility for lost jewelry, valuables, or personal items while visiting the Spa. We request that you leave such items at home whenever possible.*

WELCOME TO OUR  
SANCTUARY.