

# BALANCE SPA

## Customer Consultation

**Date:**

**Name:** adfadsfadsfasd

**Phone:** fasdf

**Nationality:**

**Service:**

**Treatment:**

**How did you know about us?**

**Social Media**

**Customer Health Condition**

**Do you have any implants? Please provide detail.**

No

**For Massage Only:**

What type of massage pressure would you like during your massage?

Body Front	Body Back
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**Do you have other concerns which may affect your treatment today? If yes please provide details.**

**Note:** Sexual behavior is prohibited by law and will not be tolerated by the management and the Authority.

**What is your Skin Type**

The undersigned has read and understood the above contents and terms. The undersigned represent that the information provided is true and accurate and understands the importance of alerting the staff to any medical conditions or concern. The spa reserves the right to refuse treatment. I agree that either the spa, not its employee or management shall be liable or responsible for aggravation of any existing conditions as a result of my treatment. I am voluntarily undertaking this treatment.

**Customer Signature**

no signature provided