



889 WELLNESS SPA

Thank you for your interest in 889. It is important for us to obtain an accurate history of your health to ensure that it is suitable for you to partake in our programs and services. Some health conditions require special consideration, and as such, and in order to provide our services to you, we ask that you please complete, sign, and return this form to us. If your health status changes in the future, please let us know. All information gathered is treated on a strictly confidential basis, as required or allowed by law or except to facilitate future diagnostics, assessments, or treatments in accordance with our Privacy Policy. Please feel free to ask us any questions.

GUEST INFORMATION

First Name: _____ Last Name: _____

Address: _____ Postal Code: _____

Phone Number (1): _____ Phone Number (2): _____

E-mail Address: _____

Date of Birth (yr/mo/day): ____ / ____ / ____ Occupation: _____

Emergency Contact: Name _____ Phone number _____

Primary Care Physician: Name _____ Phone number _____

Is this your first time at 889 Yonge? If not, what programs/services are you currently using with us or have you used in the past?

Would you like to receive promotional emails from 889 Yonge? YES NO

How did you hear about us?

- | | |
|--|---|
| <input type="checkbox"/> Event | <input type="checkbox"/> From a Member |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> From a yoga teacher |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> I live in the neighbourhood |
| <input type="checkbox"/> Passport to Prana | <input type="checkbox"/> Media (magazine/newspaper) |
| <input type="checkbox"/> Walking by | <input type="checkbox"/> Social Media (Facebook, Twitter, Blog) |



Health Intake Form
889 Wellness Spa
Holistic Facials

1. Have you ever had a facial treatment in the past? If so, how long ago and how did you find that experience?
2. Do you have a specific skincare routine and products, if so what does it consist of?
3. Do you ever experience itching or burning on the skin?
4. Does your skin become reddened easily?
5. Do you develop an oily shine throughout the day?
6. Do you experience breakouts?
7. Do you have any other skin conditions your esthetician should know about?
8. Have you recently been or are currently under the care of a medical professional?



9. Do you have any allergies?

10. Do you follow a specific diet?

11. Do you smoke?

12. How many glasses of water do you tend to consume daily?

13. On a 5 point scale, 1 being lowest, how would you rate your stress level?

14. What are the desired results you'd like to see from your skin?

Skin type:

Skin conditions:

Other observations:



Health Questionnaire

	YES	NO
Do you have any allergies (includes foods)?	_____	_____
Are you undergoing any dental procedures at present?	_____	_____
Are you experiencing any pain in your head or neck?	_____	_____
Past or present, have you had: Anemia?	_____	_____
Asthma?	_____	_____
Hepatitis?	_____	_____
Cold Sores?	_____	_____
AIDS?	_____	_____
Arthritis?	_____	_____
Digestive Disorders?	_____	_____
Seizures?	_____	_____
Psoriasis?	_____	_____
Eczema?	_____	_____

How many colds/flu do you typically have during one year?

When were your teeth last professionally cleaned?

Please list all supplements and prescriptions you are currently taking:

What bothers you most about your complexion?



If female, are your cycles regular?

Is there anything else you would like to address?

Name (please print): _____

Signature: _____

Date (yr/mo/day): ____ / ____ / ____



Waiver and Release of Liability

Thank you for choosing the 889 Wellness Spa – Body, Facial and Registered Massage (the “Treatments”) offered through 889 Yonge Inc. (“889”). We would ask that you please take the time to read and ensure that you completely and fully understand this waiver and release before signing.

I, _____(last name), _____(first name) acknowledge and agree that in consideration of being allowed to receive the Treatments:

1. I understand that every person, including myself, has a different capacity for receiving Treatments, and I am aware that the Treatments may from time to time be physical in nature, and that the performance of the Treatments carries some risk of injury.
2. I understand that part of the risk involved in any activity or program is relative to my own state of fitness and health—physical, mental and emotional, and the awareness, care and skill with which I conduct myself in that activity or program. Accordingly, I acknowledge that I have consulted with a physician prior to participating in any of the Treatments.
3. I understand that I am free to withdraw from, reduce, or modify my involvement in any of the individual Treatments and I realize that I should do so immediately, together with informing the registered massage therapist, treatment provider or any employee of 889 upon recognition of any signs of pain or discomfort, lightheadedness, fainting, chest discomfort, etc. I also acknowledge and understand that my withdrawal will not cancel any obligation I may have, continuing or otherwise, under any membership agreement with 889.
4. I understand that, from time to time during the Treatments, registered massage therapists or treatment providers may manipulate my body in the context of the Treatments. If I do not want any such manipulations, or if I wish to limit any such manipulations, I acknowledge that it is my responsibility to inform the registered massage therapist or treatment provider in each session in which I participate to what my limitations are.
5. I have satisfied myself or made inquiries to satisfy myself in respect of the risks of the Treatments offered through 889 and that I freely accept and fully assume all risks associated with my participation in the Treatments.
6. I hereby release and hold harmless each of 889 Yonge Inc., its corporate affiliates, the owners or lessors of the premises in which the Treatments may be offered, and all of their directors, officers, registered massage therapists, treatment providers, contractors, employees and agents (collectively, the “Releasees”) from any and all actions, causes of action, suits, claims or demands whatsoever which I have or may have for any cause arising out of any of the Treatments offered through 889, whether or not they are caused by the negligence of any of the Releasees or otherwise.
7. I agree that this waiver and release is binding on myself, and is also binding upon my heirs, assigns, next of kin, executors, administrators and assigns.

I agree that I have read and understand the contents of this waiver and release and that I agree to the contents of this waiver and release in its entirety. Additionally, I understand that I have given up substantial rights, including any and



all rights to sue or otherwise bring an action against the Releasees by signing this waiver and release, and that I sign this waiver and release freely, voluntarily, and without any inducement.

Participant Name (please print)

Signature of Applicant (or legal guardian if under 18 yrs)

Date

Signature of Witness
