



889 WELLNESS SPA

Thank you for your interest in 889 Yonge. 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
Registered Massage Therapy + Body Treatments**

1. HEALTH INFORMATION

What are the main issues you which you would like to address?

Please indicate conditions you are experiencing or have experienced:

RESPIRATORY

- chronic cough
- shortness of breath
- bronchitis
- asthma
- emphysema

CARDIOVASCULAR

- high blood pressure
- low blood pressure
- chronic congestive heart failure
- heart attack
- phlebitis/varicose veins
- stroke/CVA
- pacemaker or similar device
- heart disease

Do you have a family history of any of the above? Y/N

INFECTIONS

- hepatitis
- skin conditions
- TB
- HIV
- herpes

HEAD AND NECK

- history of headaches
- history of migraines
- vision problems
- vision loss
- hearing loss

OTHER CONDITIONS

- osteoporosis
- loss of sensation

WOMEN

- pregnant (due date: _____)
- Gynecological conditions



- diabetes
- epilepsy
- cancer
- skin conditions
- arthritis

describe:

Do you have a family history of arthritis? Y/N

- allergies/hypersensitivity

If so, please list: _____

THERAPIST USE ONLY: (updates)

How is your general health?

Please list any medications and you are currently taking and the condition it treats:

Are you receiving treatment from any other health care professional(s)? If so, please list:

Please list any past injuries, surgeries and dates:

Please list any allergies:



What is the location and nature of your soft tissue/joint discomfort?

Have you ever experienced massage therapy before?

Do you have any medical conditions? I.e – digestive conditions, hemophilia, osteoporosis, mental illness.

If so, please describe

Do you have any internal pins, wire, artificial joints or special equipment? If so, please describe.

2. LIFESTYLE INFORMATION

What is the reason you are seeking this treatment?

What are your health and lifestyle goals?

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 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)

Date

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

Signature of Witness
