

Women's Wellness Health and Information Sheet

Please Return by June 1st along with final payment

Last Name _____ First Name _____

Emergency Contact _____ Phone (____) _____

Relationship of Emergency Contact _____

Health Concerns/ Allergies _____

Health Insurance Information _____

Medications _____

Special Diet Concerns _____

How many years have you attended Women's Wellness? _____ First Year? Y / N

Will you be arriving late? _____ When? _____

Additional concerns not listed _____

LINENS REQUESTED Y / N ? \$15 per set (washcloth, face cloth, towel, blanket, fitted and flat sheet)

Are you interested in Massage Y / N ? Pedicure? Y / N ?