

Radiance Spa AT SWEET BRIAR
BEAUTY INSIDE AND OUT

Name _____ Date of Birth _____

Address _____

Phone _____ Email (to receive our e-newsletters) _____

What brought you to Radiance? ___ Ad ___ Friend/ Family ___ Signage ___ Other _____

(please circle if applies)

Penny Saver ~ Livingston County News ~ Quality Inn ~ Live Magazine ~ Other _____

Are you a SUNY Geneseo Student or Employee?

What forms of exercise do you participate in? _____

How many glasses of water to you drink daily? _____

Check all that apply:

___ high blood pressure

___ diabetes

___ heart condition

___ dizziness/vertigo

___ frequent headaches

___ stress

___ pregnancy

___ arthritis

___ wear contacts

___ varicose veins

___ chemotherapy

___ asthma

___ other _____

Do you have any Allergies? _____

Are you currently taking any Medications/herbs or vitamins? _____

Do you have any present Skin Care concerns? _____

Have you:

• recently received any facial or spa services? _____

• had any recent medical procedures? _____

• received any dental x-rays in the past 3-4 months? _____

• been diagnosed with any skin disorders? _____

• ever been prescribed Accutane, Retinol or Retin A? _____ If yes, last date used? _____

What facial products are you currently using? _____

Any additional information which may help us to serve you better _____

I have stated all my known medical conditions and answered all question honestly. I agree to keep the practitioner updated to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. All information is confidential.

Client Signature _____ Date _____

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Welcome

We at Radiance invite you to step away from your busy lives and enter into a space of tranquility, peace and relaxation. We hope you enjoy your stay and find our technicians and staff helpful and personable. The design at the spa has been created with special attention to detail, so that you may feel totally renewed and, of course, ultimately ~ Radiant.

Spa Etiquette

It is essential that you arrive 15 minutes prior to your first scheduled appointment. This will allow you enough time to check-in, slip into a spa robe and slippers and enjoy complimentary snacks and tea in our Radiance Room. **Please note that your scheduled time is your table time. If you arrive late, you will be charged for the entire session.**

*Please Speak Softly - Radiance is a Quiet Healing Place

*Please Turn Cell Phones Off in Order to Keep Serenity in the Spa

*Please Respect Our Other Guests' Right to Solitude

Change/Cancellation/No-Show Policy

Our Therapists are highly trained professionals who are scheduled to serve you based upon the confirmed appointments you make. If you find that you need to reschedule or cancel your appointment, we require a 24-hour cancellation notification.

Individuals who do not show up for a scheduled appointment without a cancellation, will be subject to a 50% payment of the scheduled appointment.

Rights and Responsibility

As an adult client of Radiance Spa, you have both the RIGHT and the RESPONSIBILITY to fully communicate any health concerns, special needs and/or expectations you may have about receiving your services directly to the therapist providing the service before or during the treatment. We want you to be comfortable and your expectations to be fulfilled. **Our Therapists reserve the right to terminate a session at any time if, according to their judgment, the client is in any way acting inappropriately.**

Gratuities/Tipping

Gratuities are not included. If you would like to leave a tip, our suggestion is to do so as you would in a fine restaurant. Envelopes are provided at the front desk.

I have read and understand the above statements.

Signature _____ Date _____