The Day Spa

Wrap and GX Form

Full Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Home Phone _____ Work Phone _____

Gender: ☐ Male ☐ Female Occupation _____

Pls select your preferred method of communication for future appointment confirmation:

☐ Phone Call ☐ Email ☐ Text

How did you hear about us? (If referred by someone, please list name) _____

☐ Pregnant? ☐ Breast Feeding? ☐ Varicose Veins?

☐ Poor Circulation? ☐ High Blood Pressure? ☐ Diabetes?

In order to determine the condition of your colon, how many bowel movements do you have per day?

☐ 1-2 Per Week ☐ 2-3 Per Week ☐ 1-3 Per Week Other _____

Are you currently under a physician's care for any reason? ☐ Yes ☐ No

If yes, please list reason _____

Are you currently taking any medications? ☐ Yes ☐ No Please list _____

Do you have any known allergies to things taken internally or topically? ☐ Yes ☐ No

Why? _____

Height _____ Weight _____ Goal Weight _____ Pants Size _____ Goal Size _____

List areas you would like to trim down _____

What is your greatest lifestyle weakness? _____

Do you crave sweets? ☐ Yes ☐ No

How much water do you drink daily? _____

How many cups of coffee do you drink daily? _____

How much soda do you drink daily? _____

How often do you consume red meat? (Beef, pork) _____ Chicken, fish seafood? _____

How many servings of fruits daily? _____ Vegetables? _____

Do you smoke? ☐ Yes ☐ No Frequently? ☐ Yes ☐ No Do you want to quit? ☐ Yes ☐ No

What herbs/vitamins do you take? _____

What kind of exercise do you do? _____ How often? _____

What are you hoping accomplish by receiving this service or consult today? _____

☐ If you are receiving a contour today, please acknowledge that you understand that you may be allergic to one or more of the ingredients in the cream that is used, which may result in a hive like reaction. Please let us know if this happens and we will use different cream next time. A baking soda bath, calamine lotion and anti-itch products will lessen itching.

Signature: _____ Date: _____