**Inis Spa Data Profile**

**Confidential Information**

[PLEASE PRINT]

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Local Resident or Visiting the Area**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_ Under 21 21-30 31-40 41-50 Over 50 Male Female

Marital Status S M W Referred By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to receive our Monthly Newsletter and Specials through your email? Yes No**

**Would you like to receive a link to TripAdvisor to give us a review? Our small business greatly appreciates it! Yes No**

* I understand that treatments at Inis Spa are not a replacement for medical care and that no diagnosis will be made.
* I am responsible for paying for any appointment cancellation of less than 24 hours or failure to show for an appointment.
* Being that treatments should not be done under certain medical conditions, my therapist has the right to refuse this treatment.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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