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PERSONAL DETAILS

Name: _____ Date of Birth: _____ / _____ / _____ (D/M/Y)

Occupation: _____

Address: _____

Phone: _____

Email: _____

Would you like to receive a text message or email about special offers from time to time? Text Email

Emergency Contact Name: _____ Emergency Contact Number: _____

How did you hear about me? _____

Do you currently experience any of the following:

<input type="checkbox"/> Tension headaches	<input type="checkbox"/> Stiffness in neck	<input type="checkbox"/> Stiff or tight shoulders
<input type="checkbox"/> Lower back pain	<input type="checkbox"/> Eye strain or pain	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Insomnia/disturbed sleep	<input type="checkbox"/> Hair loss	<input type="checkbox"/> Dandruff
<input type="checkbox"/> Alopecia	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Mental Fatigue
<input type="checkbox"/> Lack of focus	<input type="checkbox"/> Depression	<input type="checkbox"/> Brain Injury
<input type="checkbox"/> PTSD	<input type="checkbox"/> Metal Pins/Plate (neck or upper back)	<input type="checkbox"/> Sensitive to Essential Oils
<input type="checkbox"/> Other (please specify)		

UNDERSTANDING YOUR MIND/BODY CONSTITUTION

Do you experience or have you experienced any of the following:

<input type="checkbox"/> Warm body temperature	<input type="checkbox"/> Dry cold skin	<input type="checkbox"/> Achy joints
<input type="checkbox"/> Oily warm skin	<input type="checkbox"/> Scattered and restless	<input type="checkbox"/> Cool damp skin
<input type="checkbox"/> Irritability/anger	<input type="checkbox"/> Enthusiastic/ Lots of energy	<input type="checkbox"/> Grounded
<input type="checkbox"/> Sound sleeper	<input type="checkbox"/> Need grounding	<input type="checkbox"/> Depression/congestion
<input type="checkbox"/> Skin inflammation	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Deeper sleeper
<input type="checkbox"/> Cold body temperature	<input type="checkbox"/> Light sleeper	<input type="checkbox"/> Lung congestion

Please turn over and complete

