



Welcome to EcoNatura SPA a Program of WellnessMD Institute

Henry A. Villegas, MD, FAAP, FAWM, Director

Part I Please help us to serve you better by completing the Guest Information Form **General Information (Strictly Confidential)**

Date mo day yr _____ / _____ / _____

First name _____ Last name _____ Gender _____

Salutation (please indicate one) Mr. / Mrs. / Ms. / Miss / Dr. _____

Address Line 1 _____

Address Line 2 _____

City _____ State(Province) _____ Zip _____ Country _____

Home Phone (____) _____ - _____ Work Phone(____) _____ - _____ Mobil (____) _____ - _____

e-Mail Address: _____

I wish to receive GreenLagoon Newsletter/internet special notices. Yes / No

Date of Birth _____ / _____ / _____

Occupation _____ Name of Massage _____

How did you learn of our SPA & GreenLagoon? (please indicate-circle- all that apply)

Web Site/ Word of Mouth/Online Hotel-SPA Booking Services/Radio/ Yellow pages/Drove by Internet Promotions/A Web link Gift Certificate/Search Engine _____/

Part II For your comfort and safety, please complete the health history information

Health History (Strictly Confidential)

Have you ever had a reaction to personal care products? Yes No If yes, please list _____

Are you allergic to any medications? If yes, please list _____

Are you taking any medications at present? Yes No Please list them _____

Do you smoke? Yes No If yes, packs per day? _____ Are you pregnant? Yes No

Do you have a history of any of these health conditions?

High Blood Pressure Yes No Diabetes Yes No Bleeding Problems Yes No Seizure Yes No

Heart Problems Yes No Cancer Yes No Claustrophobia Yes No Thyroid Problems Yes No

Skin Condition Yes No Radiating Pain Yes No Blood Clots Yes No Arthritis Yes No

Nail Fungus Yes No Systemic Disease Yes No Spinal Problems Yes No

Varicose Veins Yes No Acute Injury Yes No If yes, please elaborate _____

Have you ever had surgery? Yes No If yes, please explain _____

Do you wear contact lenses? Yes No Migraines Yes No

Do you have any other medical conditions of which we should be aware? Yes No

If yes, please list _____