

## New Spa Client

Name:					
Address:		Apt #			
City:	State:	_ Zip:			
Home phone#:	Cell phone#:				
Work phone#:	Birthday Month/ D	oay /Year		/	
How did you hear about us?					
If by Internet, what was the link?					
Please present your Gift  For all services, we require 24 hours  48 hours notice for Multiple Service	<b>notice</b> in the event o or Spa Packages. If fu	f cancellation call notice is not	ur servic of single to provide	treatments and d, we will bill	
for 100% amount of the services reserved or a \$50 fee for Botox/filler appointments. We recommend arriving a few minutes prior to your appointment to ensure your service begins on time. Please keep in mind that if you arrive more than 15 minutes late and there is insufficient time to complete your service, the service will be canceled or rescheduled and you will be billed for 100% amount of the services reserved or a \$50 fee for Botox/filler appointments.					
Please keep in mind that there are to cell phone and lower your voice. Please or you may request to use one of our	ease, for your peace o	of mind, keep y kers. New Begi	our valu	ables with you	
Signature:	Date:				

## Spa Client Intake Form

Name:		Date:	Male/Female
Date of Birth:		Occupation:	
*Have you had a Fa	cial before? yes / no	If yes, where and how lo	ng
ago?			
*Have you ever had	Chemical Peels, Micro	odermabrasion or any resu	rfacing treatments? yes / no
If yes, where and h	ow long ago?		
*Have you ever had	cosmetic injectable tr	eatments (e.g., Botox, deri	mal fillers, Kybella, etc.)? yes / no
If yes, where and h	ow long ago?		
*Are you Pregnant?	yes / no If yes, how f	far along?	
*Do you Smoke? y	es / no if yes, how ma	any a day?	
*Do you Drink Coffe	e or Sodas? yes / no	If yes, how much a day?	
*How many glasses	of Water do you drink	c a day?	
*Exposure to the su	n (please circle): Ne	verLightModerateEx	ccessive
*Do you have: Alle	rgies to latex? yes /	no	
Oth	er allergies? yes/n	0	
*Do you take any M	edication (topical or o	ral) for acne: yes / no	
*Have you used Acc	utane in the past 12 m	nonths? yes / no	
*Are you currently	on any medications/su	pplements? yes / no	
Please list:			
*Are you currently o	using any products tha	t contain the following ing	redients? (Circle all that apply)
Glycolic acidLacti	c acidExfoliant Scru	bsAlpha Hydroxy acids	.Vitamin A derivatives
*What skin product	s are you currently usi	ng? (circle all that apply)	
SoapCleanserT	onerMoisturizerS	erumMaskExfoliantl	Eye products
Other (please expla	in):		
*Do you have any o	f these conditions? (ci	rcle all that apply)	
EpilepsyHeart co	nditionPacemaker/I	CDSkin cancerSkin Dis	seasesRecent operations
Other (please expla	in):		
*Do you have any ti	eatment goals?		
*Is there anything e	lse that we should be	aware of before we start w	vorking together?
Service or Spa Packa Botox/filler appointr time to perform the	ges. If full notice is no nents. Additionally, if y service, the service will	t provided, we will bill for 1 you are more than 15 minu be canceled or rescheduled	n of single treatments and <b>48 hours notice</b> for Multiple .00% amount of the services reserved or a \$50 fee for utes late to your appointment and there is insufficient l and you will be billed for 100% amount of the services eed to these cancellation and late arrival terms.

Date:\_\_\_\_\_