

Client Intake Form

Please Print

Name: _____ Today's Date: _____ DOB: _____

Address: _____ City/state/zip _____

Phone: (home) _____ (Cell) _____ Email: _____

Occupation: _____ How do you prefer to be contacted? (Circle one) Phone Email Text

Dermatologist/Physician: _____ Phone #: _____

Emergency contact: _____ Phone: _____ Relation: _____

Referred by (circle) radio internet yellow pages gift certificate client (name) _____

Is this your first facial? Y / N Do you have any areas of concern? Y / N where? _____

Please circle and list below any allergies to medications (RX or OTC), foods, plants, cosmetics, dyes, latex, other or NO ALLERGIES

Are you now using (or used in the past)? Azelex, Differin, Renova, Retin-A, Tazarac, Glycolic or alpha hydroxy acids, Accutane or retinoids? If so, when and for how long? _____ Do you receive injectable fillers or botox? Y / N

Please circle all that apply to you:

Acne	Asthma	Cancer	Claustrophobia	Diabetes	Depression/Anxiety
Eczema	Epilepsy	Fever Blisters	Hemophilia	Hepatitis A/B/C	Herpes
High BP	HIV	Lupus	Migraines	Pacemaker	Pinkeye
Pregnancy	Ringworm	Shingles	Smoker	Braces	Surgeries (past year)

Please explain above circled problems or list any other significant issues (use the back if you need to): _____

Are you currently under a physicians care at this time? Y/N Why? _____

I understand that the services offered are not a substitute for medical care and any information provided by iSpa and staff is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid in giving better service and is completely confidential.

SPA POLICIES

Consultation is required before initial dispensing of products.

Our active client discount is for facial services only. Clients visiting every 4 weeks will receive 15% off regular prices

We do not give cash refunds.

No one under age 18 allowed, unless receiving a service and is accompanied by guardian

We require a 24-hour cancellation notice or you will be charged ½ of the fee of scheduled service.

I fully understand and agree to the above spa policies.

Client's Signature or Guardian if under 18

DATE

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