



Confidential Body

Treatment Intake Form

Name _____ Phone _____

Address _____

Email _____ Date of Birth _____

Referred by _____

What are your immediate concerns/goals and expectations? What would you like to achieve today?

What are your long-term goals or expectations? Over time what results would you like to achieve?

Are you taking medication? (If so, describe) _____

Do you have any medical conditions? (If so, describe) _____

Do you have high blood pressure/ hypertension? YES NO

Known allergies (including iodine, seafood, and/or fruit) _____

Do you have a history of or are you experiencing any of the following?

Sunburn irritated skin rash open cuts/bruises diabetes active herpes suspicious growths
 phlebitis metal plates of any kind

Are you pregnant? Yes No

Would you like a complimentary Make-up Refresher after your treatment today (If available)? Yes No

Are you interested in our Series Savings Program? If so, please choose a series package below:

Purchase a Series of 5 Services & Get 1 FREE!

Purchase a Series of 20 Services & Get 5 FREE!

Purchase a Series of 10 Services & Get 2 FREE!

The more you buy the more you save!

Please inform your therapist of any products you may be using to avoid irritation or reaction. All products and treatments are not meant to substitute medical care. If you have a medical concern, please see your physician.

***Note: no alcohol consumption before ANY body treatment. Treatments may cause bruising and or irritation.**

I am aware that I should not use any products that are not specifically advised for 48 hours after any service of skincare treatment.

Signature _____ Date _____

