|  | CLIENT INTA                             | KE FUNITI                       |                    |             |
|--|---|---------------------------------|--------------------|-------------|
| Client Name:   | DOB:                                    |                                 | Age:               | Gender:     |
| Address:   | City_                                   |                                 | Zip                | )           |
| Cell Phone Number:   |   | Text: Yes                       | No_                |             |
| Email:   | Instagram:                              | :Facebook:                      |                    |             |
| How did you hear about us?   |   |                                 |                    |             |
| Please answer the following que                                    | stions to help me custom                | nize your service               | <u>.</u> :         |             |
| What service/s are you here for today? Any other service?          |   |                                 |                    |             |
| Please list any <u>allergies</u> to foods, r                       | uts or ingredients in produc            | ots:                            |                    |             |
| <ul><li>What kind of reaction occ</li></ul>                        | urred and what ingredien                | t caused it?                    |                    |             |
| Have you had any Botox, dermal fi                                  | llers, or laser treatments in           | the past two wee                | ks?                |             |
| <ul><li>YesNo</li></ul>  | What and when?                          |                                 |                    |             |
| Are you using any prescription med                                 | dications on your skin and v            | <mark>vhen was it last u</mark> | <mark>ised?</mark> |             |
| <ul><li>Accutane</li></ul>   | Retin A/Retinol_                        | (                               | Other              |             |
| When was your last facial  | peel                                    | _ waxing                        | body treatment     |             |
| How often do you get facials                                       | peels                                   | _ waxing                        | body treatments    |             |
| Are you okay with receiving a mas                                  | sage on your arms, hands,               | neck, shoulders,                | or feet? YES       | NO          |
| ■ Do you prefer a Light  | Medium                                  | , or Deep                       | pressure?          |             |
| Please tell me about your skin:                                    | What do you see when you                | look in the mirro               | r? You're Bea      | utiful!     |
| Oily Dry Acne  |   |                                 |                    |             |
| Hyperpigmentation Sun Da   |   |                                 |                    | Other       |
| What bothers you the most?   |   |                                 |                    | <del></del> |
| Do you have any neck or back p                                     | <mark>ain from an injury or over</mark> | use?                            | _need neck s       | upport?     |
| PHOTO/VIDEO RELEASE  |   |                                 |                    |             |
| I take before and after photos/vi                                  |   |                                 | <b>.</b> .         |             |
| Do you authorize us to use them                                    |   |                                 |                    | NO_         |
| My signature below acknowledges marketing or social media. I under | <u> </u>                                | •                               | • •                |             |
| Client Signature:  |   | Date                            | e:                 |             |
|  |   |                                 |                    |             |

Our goal is to ensure every client receives the best quality care and services we provide for you. Please let us know if at any time we need to modify anything to improve your experience. If you have enjoyed your experience, we would love if you would leave a review on Google, Facebook, Instagram, Yelp, or our website. Also, by sharing your experience with friends and family will allow them to come experience our spa, and you will receive a \$25 credit towards your future treatment as well!

Thank you so much for trusting us to care for you, helping you become Healthy, Beautiful, & Balanced!