



**PLEASE COMPLETE AND BRING IN WITH YOU OR  
SCAN AND EMAIL TO: [reception@spaesoteric.com](mailto:reception@spaesoteric.com)  
OR FAX TO : 972.542.1452**

**NEW CLIENT INTAKE FORM**

(This information is for in-house use only )

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: m: \_\_\_\_\_ d: \_\_\_\_\_ yr: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

**CONTACT NUMBERS:**

Do you prefer to receive appointment confirmations by: \_\_\_ phone \_\_\_email \_\_\_text

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT**

NAME AND NUMBER \_\_\_\_\_

DO YOU WISH TO BE ADDED TO OUR EMAIL DATA BASE FOR e-NEWSLETTERS, DEALS,  
BIRTHDAY COUPONS AND SPECIAL EVENTS? (we will never spam you or sell your info)

YES NO (Please Circle)

How did you hear about us? (Please circle all that apply)

Website Facebook Spa Week  
Previous Client Other \_\_\_\_\_

Or, whom may we thank for your referral? \_\_\_\_\_

**Thank you, and WELCOME TO SPA ESOTERIC!**