



**PLEASE COMPLETE AND BRING IN WITH YOU OR
SCAN AND EMAIL TO: 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)

EMAIL: _____

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!