



**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)

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!**