

# Client Intake Form



Ancient Haven  
Spa Studio

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is home phone a cell phone?  Yes  No

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is home phone a cell phone?  Yes  No

Occupation: \_\_\_\_\_

Does your job and/or lifestyle require you to be outdoors?  Yes  No

Hobbies/Lifestyle: \_\_\_\_\_

Referred by: \_\_\_\_\_

## Allergies/Medications

1) Have you ever had an allergic reaction to any topical products? Please Explain:

\_\_\_\_\_

2) Do you have any allergies to the following items:

Cosmetics  Medications  Food  Sunscreens  Pollen

Tree Nuts  Shellfish  Latex  Vinyl  Medical Grade Tape

Please list all existing or previous allergies to any food or substance:

\_\_\_\_\_

3) Are you allergic to any medications? If so, please specify:

\_\_\_\_\_

\_\_\_\_\_

## Female Clients Only

4) Are you taking oral contraceptives?  Yes  No

5) Are you pregnant or trying to become pregnant?  Yes  No

6) Are you lactating?  Yes  No

7) Are you going through menopause?  Yes  No

8) Are you undergoing any hormone replacement therapy?  Yes  No

Specify: \_\_\_\_\_

**Male Clients Only**

9) What is your current shaving system?     wet shave     electric

Specify: \_\_\_\_\_

10) Do you experience irritation from shaving?     Yes     No

11) Are you undergoing any hormone replacement therapy?     Yes     No

Specify: \_\_\_\_\_

**Future Appointments/Contact**

12) What is your preferred method of contact?     Call     Text     Email

13) May I contact you via mail/email about future promotions and news?     No     Yes

*Statement to Client:*

I do not diagnose or attempt to cure. The goal of my sessions is to teach and help guide you towards your own healing, to hold a safe space for you to unwind, to beautify and to translate to you any concerns I may have, so you may seek medical attention if needed.

*Client Statement:*

I have read, understood and completed this intake form truthfully, to the best of my knowledge. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand the risk(s) involved in the services I am purchasing, and I was given the opportunity to inquire upon any concerns I may have regarding said service(s). I understand that withholding information or providing misinformation may result in contraindications and/or irritation from treatments received. The treatments and services I receive here are voluntary and I release this licensed professional, Jessie, from liability for any complications or injuries which may occur out of both of our control and knowledge. I assume full responsibility to follow aftercare instructions for all services rendered. If any concerns arise, it is my responsibility to contact Jessie for guidance, or to seek medical assistance if needed.

I understand that if I engage in any perceived inappropriate advances towards this licensed professional, my service will be terminated immediately and full payment for service(s) attempted and rendered in said session will be due.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

As Parent/Guardian of minor, I hereby authorize licensed professional, Jessie, to perform the service(s) scheduled today. I understand that I have the right to be present in the treatment room with minor receiving services, and certain treatments will require my presence at all times (determined by this licensed professional). Jessie has the right to refuse any service to a minor that she may deem as inappropriate or feel uncomfortable with.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_