

# CLIENT INTAKE FORM

We are committed to your relaxation and giving you excellent treatments.  
Completing this form will help us serve you better.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ May we text and email you appointment reminders & promotions? Yes No

How did you hear about Serenity? \_\_\_\_\_

## MEDICAL HISTORY- CHECK ALL THAT APPLY

- ACCUTANE
  - ASPIRIN ALLERGIES
  - ACNE
  - ALLERGIES
  - ANTIBIOTICS
  - ARTHRITIS
  - ARTIFICIAL IMPLANTS
  - ASTHMA
  - BACK PAIN
  - BIRTH CONTROL
  - BLOOD CLOTS
  - BLOOD DISORDER
  - BLOOD THINNER MEDICATION
  - BRUISING/BUMPS
  - CANCER
  - CHEMOTHERAPY
  - CLAUSTROPHOBIC
  - CONTACT LENS
  - CONTAGIOUS WARTS
  - DEPRESSION
  - DIABETIC
  - DIFIBULATOR
  - DISTENDED CAPILLARIES
  - EXERCISE REGULARLY
  - ECZEMA
  - EPILEPSY
  - EYE SURGERIES
  - FEVER BLISTER
  - FOOT FUNGUS/ATHLETES FOOT
  - HEADACHES
  - HEART CONDITION
  - HEPATITIS
  - HERPES VIRUS
  - HIGH BLOOD PRESSURE
  - HIV
  - HORMONE PROBLEMS
  - HYPER/HYPO PIGMENTATION PROBLEMS
  - HYPER/HYPO THYROID
  - INGROWN HAIR
  - IMMUNE SYSTEM DISORDERS
  - INFECTIOUS DISEASE
  - INSOMNIA
  - JOINT REPLACEMENT
  - LIVER OR KIDNEY PROBLEMS
  - LUNG CONDITIONS
  - LUPUS
  - METAL PLATES OR PINS
  - MRSA STAPH INFECTION
  - NAIL DISORDERS/FUNGUS
  - NICKEL ALLERGIES
  - NUMBNESS/TINGLING OR STABBING PAIN
  - NEUROPATHY
  - OSTEOPOROSIS
  - PACEMAKER
  - PHLEBITIS
  - PLASTIC SURGERY
  - POISON IVY/POISON OAK-CURRENTLY
  - PREGNANT NOW
  - PSORIASIS
  - RADIATION
  - RECENT BROKEN BONES
  - RECENT ALCOHOL CONSUMPTION
  - RETIN A/VITAMIN A
  - ROSEACA
  - SEBORRHEA
  - SEIZURE DISORDER
  - SENSITIVITIES
  - SINUS PROBLEMS
  - SKIN CANCER
  - SMOKER
- SPF USED \_\_\_\_\_
- SPINAL PROBLEMS OR SURGERIES
  - SURGERIES- FACIAL/FOOT
  - SURGERIES- SHOULDER/KNEE/HIP/NECK
  - STEROIDS WITHIN THE PAST 2 WEEKS
  - TANNER
  - TENSION/ PAIN \_\_\_\_\_
  - VARICOSE VEINS
  - VITAMINS
  - OTHER \_\_\_\_\_
  - MEDICATIONS
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- THIS IS YOUR FIRST MASSAGE
  - THIS IS YOUR FIRST FACIAL
  - WHAT AREA ARE WE WAXING
- \_\_\_\_\_
- UNDER THE CARE OF:
- \_\_\_\_\_
  - DERMATOLOGIST
  - \_\_\_\_\_
  - CHIROPRACTOR
  - \_\_\_\_\_
  - MEDICAL DOCTOR
  - \_\_\_\_\_

**PLEASE TURN FORM OVER, READ AND SIGN.**

SERENITY DAY SPA POLICIES

I confirm, to the best of my knowledge, that the previous answers are true and correct and that I have not withheld any information that may be relevant to my treatments.

I understand fully and agree to comply with all the spa policies listed below:

1. We do not wax anyone on Accutane, Retin-A or other medications that exfoliate or thin the skin.
2. We do not wax anyone undergoing chemotherapy or radiation treatments.
3. We will not treat clients with questionable medical conditions such as herpes simplex, open sores, healing incisions, infectious diseases, etc.
4. We do not massage clients undergoing cancer, diabetic or systemic treatments or any other specific contraindication to body treatments.
5. The stomach and breast will not be massaged during massage sessions.
6. Draping will be used during all massage sessions.
7. If uncomfortable for any reason, the client may ask the massage therapist to cease the massage and the therapist will end the massage session.
8. All treatments will be stopped in any behavior, gestures, or expressions may reasonable be interpreted as inappropriately seductive or sexual and you will be expected to pay the service booked.
9. Please let us know if you bruise easily.
10. Please remove contact lenses prior to your facial appointment.

Anyone under 18 years of age must be accompanied by a parent or legal guardian.

Clients who do not cancel or reschedule their appointments at least 2 business days prior to their scheduled visit will be charged for the service reserved, and may be subject to prepaying for all future services, appointments for Mondays must be called in by Friday. Appointments scheduled less than 2 business days prior will be subject to the above policy. Failure to call with adequate notice of cancellation or to reschedule appointment could deny another client an earlier appointment time. Appointments may be cancelled or rescheduled online through our online scheduling service within the 2 business days prior to appointment.

All appointments scheduled for 3 hours or more will be subject to prepaying or holding the appointment with a credit card. I have read the salon policy and understand I will pay for missed appointments that are not cancelled.

We will make reasonable attempts to confirm appointments two days before the appointment. It remains the client's responsibility to keep or reschedule appointments in compliance with the above policy.

We will only call to reschedule on our part if an emergency occurs, bad weather or other acts of God. We respect your time and value it.

We realize that you have many choices for your facial/massage/pedicure and waxing needs and appreciate the opportunity to provide you with excellent care. Compliance with notifying us if you cannot keep your appointment allows us the opportunity to better serve ALL our client's needs.

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Client Name Date

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Therapist Name Date

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Therapist Name Date

