# *Bare Necessities*
## Client Consultation Form

Name: _____ Birthdate: _____
Last First

Address: _____ Cell Phone: _____

_____ Email: _____

## General Health Record

**Please indicate if any of the following conditions apply:**

☐ Allergies If yes, explain: _____ ☐ Recent Surgery If yes, explain: _____

☐ Skin Cancer If yes, explain: _____ ☐ Arthritis ☐ Asthma ☐ Claustrophobia

☐ Diabetes ☐ Epilepsy ☐ Hemophilia ☐ Hepatitis ☐ Nervous Tension ☐ Sinus Headaches

**Please answer the following questions about your lifestyle:**

| | | | |
|---|---|---|---|
| Are you on birth control? | Yes/No | If yes, since when and what type? _____ | |
| Do you follow a special diet? | Yes/No | Are you a sun lover? | Yes/No |
| Do you smoke? | Yes/No | Are you currently pregnant? | Yes/No |
| Have you been exposed to the sun or sunbeds recently? | Yes/No | Are you currently taking any medications? | Yes/No |

Is there any medical condition of which you would like us to be aware? _____

## Skin Care Information

**Please answer the following questions about your skin care:**

| | | | |
|---|---|---|---|
| Do you use any home treatment products? | Yes/No | Do you use Retin-A? | Yes/No |
| Do you use products containing Benzoyl Peroxide? | Yes/No | Do you use Accutane? | Yes/No |
| Do you use an exfoliating cleanser? | Yes/No | Do you use Glycolic Acid products? | Yes/No |

What do you use to cleanse your face? _____

Have you ever had a skin treatment/facial before? Yes/No If yes, when was your last treatment? _____

Have you recieved botox or filler? Yes/No If yes, when was your last treatment? _____

What is the purpose of your visit today? _____

What kind of improvement would you like to see in your skin? _____

## Cancellation Policy

We value your business and ask that you respect our spa scheduling policies. We pride ourselves on providing quality service to each client and your appointment time is reserved just for you. As a courtesy, we provide multiple reminders/ confirmations in advance of your scheduled appointment. We have clients on wait lists and short-notice cancellations do not provide enough time to fill an open slot. Therefore, please notify us at least 24 hours in advance of any single service cancellation and 48 hours in advance of multiple services. **Any cancellations after the required 24-hour notice, are subject to a cancellation fee. If no cancellation is given ("No-Show"), there will be a charge of 50% of the service value. Frequent last minute cancellations or 'No-Shows' will require payment in advance for any future appointments or may result in us not being able to service you for future appointments.**

Signature: _____ Date: _____