

Attention Guest:

Please make sure that your cell phones are on silent. We also ask that you use your "spa voices" as treatments are currently in session.

New Client Information Card

Date: ___/___/___

Please fill out this client information card. It will provide much needed data for our records.

Name _____ Date-of-Birth: ___/___/___
Last First

Address _____ HomePhone _____

City _____ WorkPhone _____
City State Zip

Cell Phone _____ E-mail Address _____

What type of Service(s) are you here for today?

1. _____
2. _____
3. _____

Date of your last Salon or Day-Spa Service? ___/___/___

What were the last salon or Day-Spa services you had? _____

Personal Information:

Occupation _____ Sex: Male Female

Have you ever visited us before? Yes No

If yes, please tell us when ___/___/___ to ___/___/___

Did anyone we know recommended you to us? Name: _____

How did you hear about us? _____

Are you currently on medication? Yes No Sensitive Skin: Yes No

Marital Status: Single Married Anniversary Date ___/___