

**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 \_\_\_/\_\_\_