



INTAKE FORM

Name:	Date:	Occupation:
Address:	Business Name:	
City:	Zip Code:	Date of Birth:
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Email:	
Emergency Contact:	Phone:	Home Phone:
How did you hear about us:	Cell Phone:	carrier:
1. HEALTH HISTORY <i>please check all that apply</i>		
<input type="checkbox"/> Cold Sore	<input type="checkbox"/> Lymph Edema	<input type="checkbox"/> Herpes/Shingles
<input type="checkbox"/> Numbness/Tingling	<input type="checkbox"/> Sinus Problems	<input type="checkbox"/> Allergies
<input type="checkbox"/> Rashes	<input type="checkbox"/> Jaw Pain/TMJ	<input type="checkbox"/> Blood Clots
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Metal Implant	<input type="checkbox"/> Headaches/Neck or Back Pain
<input type="checkbox"/> Broken/Fractured Bones	<input type="checkbox"/> Fainting	<input type="checkbox"/> Fatigue/Sleep Disorder
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Pregnancy (____ weeks)	<input type="checkbox"/> Sprains/Strains
<input type="checkbox"/> Other (explain):	<input type="checkbox"/> Smoking	<input type="checkbox"/> Pacemaker
Please list any accidents or surgeries you have had:		
Are you allergic to any oral or topical medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		
List of medications you are currently taking:		
2. TODAY'S VISIT		
What service are you here for today? <input type="checkbox"/> Chemical Peel <input type="checkbox"/> Facial <input type="checkbox"/> Botox <input type="checkbox"/> Filler <input type="checkbox"/> Massage		
Have you ever received this service before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If today's visit is for a massage, kindly skip to section #5		
3. SKIN CARE		
Are you under the care of a dermatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you use: <input type="checkbox"/> Adapalene <input type="checkbox"/> Accutane <input type="checkbox"/> Retin A <input type="checkbox"/> Renova <input type="checkbox"/> Other prescription skin products		
Have you had a: <input type="checkbox"/> Chemical Peel <input type="checkbox"/> Microdermabrasion <input type="checkbox"/> Botox <input type="checkbox"/> Other resurfacing treatments		
Are you currently using any products that contain: <input type="checkbox"/> Glycolic Acid <input type="checkbox"/> Retinoic Acid		
Do you have any skin sensitivities or irritants?		
4. SKIN MAINTENANCE		
Products you use: <input type="checkbox"/> Soap <input type="checkbox"/> Cleanser <input type="checkbox"/> Toner <input type="checkbox"/> Moisturizer <input type="checkbox"/> Exfoliator <input type="checkbox"/> Masque		
Skin Type: <input type="checkbox"/> Oily/Congested <input type="checkbox"/> Dry <input type="checkbox"/> Sensitive/Redness <input type="checkbox"/> Acne <input type="checkbox"/> Sunburned		
<input type="checkbox"/> Eczema <input type="checkbox"/> Psoriasis		
Are you concerned with any of the following? <input type="checkbox"/> Other, please describe:		
<input type="checkbox"/> Acne <input type="checkbox"/> Red Spots <input type="checkbox"/> Broken Capillaries <input type="checkbox"/> Rosacea <input type="checkbox"/> Brown Spots <input type="checkbox"/> Fine Lines/Wrinkles		
Do you use a tanning bed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use sunscreen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you use sunless tanning lotion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when was your last use?		
What are your skin care goals?		
5. MASSAGE THERAPY		
Is this your first time receiving a massage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of pressure do you prefer?		
Is there any area of your body you do not want massaged?		

PLEASE FILP OVER THIS PAGE



CONSENT FORM

It is my choice to receive spa therapies. I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update The Spa at Mecca of any changes in my health status. I understand that Aestheticians and Massage Therapists do not diagnose illness, disease, or physical and mental disorders, nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations. I acknowledge that these treatments are not a substitute for a medical examination or diagnosis, and that is recommended I see a primary health care provider for that service. If I am unable to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone, unless I have an emergency. In this case I will call ASAP to reschedule my appointment. If I miss an appointment without giving 24 hour notice, I agree to pay the missed appointment fee that applies.

I understand that any illicit or sexually suggestive behavior, remarks or advances made by me will result in the immediate termination of the session. and I will be liable for payment of the scheduled service.

I am also aware of the cancellation policy, which states that in the event that a client needs to cancel an appointment, he or she must do so at least 24 hours before scheduled service. Failure to do so will result in an automatic charge of \$25 dollars.

Full Name (Printed) : _____

Signature: _____

Date: _____

Patient Concerns

NAME: _____

DATE: _____

EMAIL: _____

PHONE: _____

Forehead Lines/ Frown Lines?

Yes

No

Improve Texture of Skin/Large Pores?

Yes

No

Facial Volume Loss?

Yes

No

Nose-to-Mouth Lines?

Yes

No

Lips/Volume Loss?

Yes

No

Lip Lines/Lipstick Bleed Lines?

Yes

No

Neck and Chest Discoloration?

Yes

No

Double Chin/ Turkey Neck?

Yes

No

Crow's Feet?

Yes

No

**Under Eye
Circles/Lines/Bags?**

Yes

No

**Thin, short or lightened
Lashes?**

Yes

No

Brown Spots/Freckles?

Yes

No

Broken Blood Vessels?

Yes

No

Acne Scarring/Facial Scars?

Yes

No

Red Spots/Flushing?

Yes

No

Texture/Saggy Skin?

Yes

No

Are you interested in Skin Care?

Yes

No

Please any additional concerns not listed above
