



# Client InTake Form

## Personal Information

Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## Common Information

What treatment(s) are you receiving today? \_\_\_\_\_

What are your goals for this treatment(s)? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Is this your first Salon or Spa Service? YES NO

Please list any allergies or reactions to products you may have \_\_\_\_\_

Please list any medications you are taking, if any \_\_\_\_\_

Any Communicable disease or rash? YES NO If yes please explain \_\_\_\_\_

Diabetes? YES NO High Blood pressure? YES NO Are you pregnant? YES NO

Asthma? YES NO Taking blood thinners? YES NO Number of Weeks \_\_\_\_\_

Infections or Fever? YES NO Any open wounds? YES NO

**Massage or Body Treatment**

Any numbness or stabbing pain? YES NO  
Any injuries to the lymphatic system? YES NO  
Broken bones in the last two years? YES NO  
Any strains or sprains? YES NO  
Congestive heart failure or heart problem? YES NO  
Concerns? \_\_\_\_\_

**Nail Service**

Any allergies to nail products or latex? YES NO  
Recently shaved or waxed  
in the last 24-48 hours? YES NO  
**Makeup Service**  
Allergies to certain makeup products? YES NO  
If yes please explain \_\_\_\_\_

**Facial or Waxing Service**

Are you taking Retin A, Accutane or any other Acne medication? YES NO  
Do you have epilepsy, a pacemaker or dental implant? YES NO  
Do you have allergy to egg whites? YES NO  
Sensitive Skin? YES NO  
What is your current skincare routine? \_\_\_\_\_  
Any Skin conditions or breakouts? \_\_\_\_\_  
For Facial Only: Would you like to have a before-and-after picture emailed to you? YES NO

**Salon Service**

Do you have any cuts, bruises or irritation of scalp? YES NO  
Have you recently had a perm or chemical treatment? YES NO  
If yes please explain \_\_\_\_\_

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**\*\*I confirm that the above information is correct and to my knowledge I have not withheld any information that would be relevant to my service. I confirm that the information is truthful and understand that withholding any information could result in injury for which I am responsible. My signature relinquishes any obligation of compensation by Le Nu Spa in the displeasure of my treatment. I also understand there is a 24 hour cancellation policy and will be charged for failure to give such notice. While we strive for excellent service at Le Nu Spa, if any dissatisfaction is experienced, please contact the Spa Manager within 3 business days.**

Client Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Employee(s) Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Employee(s) Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_