

## Facial / Body Treatment Intake Form

### Personal Information

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Date \_\_\_\_\_

### Medical Information

Age \_\_\_\_\_  
Are you taking any medications?  yes  no

If yes, please list name and use: \_\_\_\_\_  
\_\_\_\_\_

Are you currently pregnant?  yes  no

If yes, how far along? \_\_\_\_\_

Any high risk factors? \_\_\_\_\_

Are you nursing?  yes  no

Do you have any metal implants?  yes  no

Do you smoke?  yes  no

Do you wear contact lenses?  yes  no

Please indicate any of the following that apply to you.

- |  |   |
|--|---|
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Liver Dysfunction  |
| <input type="checkbox"/> Headaches/Migraines     | <input type="checkbox"/> Stroke             |
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Heart Attack       |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s)    | <input type="checkbox"/> Blood Clots        |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness           |
| <input type="checkbox"/> Neuropathy              |   |

Explain any conditions you have marked above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Skin Care Information

Have you had a facial before?  yes  no

Are you under a Dermatologist's care  yes  no

If yes, please explain \_\_\_\_\_

Please list all allergies including food, natural products  
\_\_\_\_\_

Are you currently taking a retin A or Accutane or other skin care medication?  yes  no

If yes, please explain \_\_\_\_\_

What concerns do you have with your skin?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> HYPO/HYPER PIGMENTATION | <input type="checkbox"/> DRY        |
| <input type="checkbox"/> COMEDONES (BLACKHEADS)  | <input type="checkbox"/> OILY       |
| <input type="checkbox"/> MILLIA (WHITEHEADS)     | <input type="checkbox"/> ACNE       |
| <input type="checkbox"/> BROKEN CAPILLARIES      | <input type="checkbox"/> DEHYDRATED |
| <input type="checkbox"/> FINE LINES              | <input type="checkbox"/> WRINKLES   |
| <input type="checkbox"/> SCARS                   | <input type="checkbox"/> CELLULITE  |
| <input type="checkbox"/> OTHER _____             |                                     |

What concerns do you have with your skin?

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> ROSACEA                                    | <input type="checkbox"/> COLS SORES |
| <input type="checkbox"/> ECZEMA                                     | <input type="checkbox"/> PSORIASIS  |
| <input type="checkbox"/> WARTS                                      | <input type="checkbox"/> DERMATITIS |
| <input type="checkbox"/> RECENT RADIATION OR CHEMOTHERAPY TREATMENT |                                     |
| <input type="checkbox"/> RECENT SURGERY _____                       | <input type="checkbox"/> EPILEPSY   |
| <input type="checkbox"/> OTHER _____                                |                                     |

Current skincare routine

\_\_\_\_\_  
\_\_\_\_\_

I confirm that the above information is correct and 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 \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check mark any add on services you may be interested in doing.

## Facial Add On Services

### **Galvanic**

\$30.00 \_\_\_\_\_

Using microcurrent technology, this powerful combination stimulates and tones the skin resulting in an improved appearance. Transform a tired and stressed complexion into a revitalized, rejuvenated you.

### **Gua Sha**

\$20.00 \_\_\_\_\_

Facial gua sha moves lymphatic fluids, releases the fascia so skin can function better, and breaks down adhesions and hardness in muscles, like in the jaw. It smooths fine lines, wrinkles, plump, tighten, and rejuvenate skin; even decrease dark under-eye circles and puffiness.

## Body Treatment Add On Services

### **Cellulite Detox**

\$45.00 \_\_\_\_\_

Start with a dry skin brushing and applying a sea salt, algae herbal mask to help break down cellulite and combat the build-up of toxins, following with steam room and shower.

### **Body Wrap**

\$20.00 \_\_\_\_\_

Apply the body contouring lotion, then tightly wrapped and followed by a 20 minutes massage with Hula-la massage belt.

### **Cupping**

\$15.00 \_\_\_\_\_

Combination of massage movements and negative pressure with the use of a suction device on the skin to reduce cellulite.

### **Steam Room**

\$10.00 \_\_\_\_\_

To help with overall detoxification of the body.