



Voucher # _____

Personal Information

Name _____ Mobile _____ Email _____

Address _____ City _____ State ____ Zip _____

Occupation _____ Birth Date __/__/____ Gender ____

Emergency Contact Information

Name _____ Relationship _____ Mobile _____

Common Information

Treatment(s) receiving today? _____ Goals for today's treatment(s)? _____

How did you hear about us? _____ List any allergies or reactions to products _____

List medications you are taking, if any _____ Are you pregnant? YES NO # of Weeks ____

Any Communicable disease or rash? YES NO If yes, please explain _____

Diabetes? YES NO High Blood pressure? YES NO Open Wounds? YES NO

Asthma? YES NO Taking blood thinners? YES NO Infections or Fever? YES NO

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Nail Service

Allergy to nail products or latex? YES NO
Medication YES NO

Waxing Service

On Retin A, Accutane or other Acne

Shaved or waxed in the last 24-48 hrs? YES NO
YES NO

Sensitive Skin?

Salon Service

Cuts, bruises or irritation of scalp? YES NO
YES NO

Makeup Service

Allergies to certain makeup products?

Recent perm or chemical treatment? YES NO

Current skincare routine?

Skin conditions or breakouts?

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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 Signature _____ Date __/__/____ Employee Signature _____ Date __/__/____

Employee Signature _____ Date __/__/____ Employee Signature _____ Date __/__/____



Thank you for choosing Le Nu Spa! We always strive for open and honest communication in order to provide clients with the best service possible. We put forth our best efforts toward client care and continually develop our professional skills and office operations to ensure client experience is pleasant. To better serve all of our clients we have developed the following policies.

ATTENDANCE POLICY

Le Nu Spa provides all clients with quality care in their scheduled time slots. When you schedule an appointment, that time is reserved especially for you with your service provider. Please arrive 15 minutes prior to your appointment to fill out paperwork and to enjoy our lounge. We require 24 hours' notice for all cancellations. If you need to reschedule an appointment, you must do so before this timeframe. If you are scheduled and have an emergency, please call us immediately at (919) 999-2772 to discuss options to reschedule. Kindly leave a voicemail if we are unable to get through. You can also email us at booking@lenuspa.com

LATE ARRIVAL

If you arrive 15 minutes late, we may need to reschedule your appointment so that we may provide scheduled clients with the care that they deserve. Those who arrive late for their appointments but can still be seen may have their time shortened to ensure the next client will be seen at the correct time.

MISSED APPOINTMENT

If you fail to show up for an appointment, you will be charged the full amount for the service.

CHANGE OF APPOINTMENT

We ask that you call us directly at (919) 999-2772 to cancel or reschedule all appointments 24 hours before your appointment date. This ensures that we can rebook the service provider other clients who would like to come in for that date and time

SIGNATURE _____

PRINT NAME _____

DATE _____-