##

# GUEST INTAKE FORM

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| Welcome! Please take a few moments to breathe and relax as you fill out this confidential guest form. We look forward to working with you. |
| Today’s date: | Referred By: |
| Guest INFORMATION |
| Guest’s last name: | First: |   | ❑ Mr.❑ Mrs. | ❑ Miss❑ Ms. | Email Address: |
|  |  |
| P.O. box: | Street address: | City: | State: | Zip Code: |  |
|  |  |  |  |  |  |  |  |
| Birth date: | Age: | Cell Phone: |
|  / / |  | ( ) |
| Are you ok with text reminders? | Emergency Contact and Phone: | If your ok with us sharing your information with anyone, please list name (s) here: |  |
|  | ( ) |  |  |
| Occupation: | Employer: |  |
|  |  |  |
| What services do you currently do at A La Mode Spa and Salon? |  |  |  |  |
| ❑ Waxing | ❑ Massage | ❑ Hair ❑ Nails ❑ Facials | ❑ Spray Tanning ❑ Retail | ❑ Other |  |
|  |  |
|  |
| MASSAGE AND FACIAL INFORMATION |
| Please circle all that apply?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Back Pain | Headache | Cold/Flu | Fever | Sore Throat | Neck/Shoulder Pain |
| High Blood Pressure | Diabetes | Cancer | Oily Skin | Recent Surgery | Arthritis |
| Use tanning bed | Use Accutane | Sensitive Skin | Acne | Eye Puffiness | Prescribed topicals |

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| Do you have difficulties laying on… | Are you taking any medications? | Please list medications: | Have you had a massage before? |
| ❑ back❑ front❑ side❑ I’m pregnant | ❑ Yes❑ No |  | ❑ Yes❑ No |
| List any allergies:**PLEASE ADVISE US OF ANY CHANGES** |  |  |  | Is there anything else we should know? |

**CONSENT FOR TREATMENT:**

**(Esthetics)**

Please note that some esthetic services and waxing can have certain side effects such as redness, swelling, tenderness, itching, skin removal, etc. With our lash lifts, occasionally over and under-curling can occur as well. Some reasons for this can be hair and skin type, environmental exposures, medications, skin care or other reasons. I understand that is important to notify my esthetician of any changes in my skin or skin routines. I give permission to my Esthetician to perform the procedure(s) we have discussed and will hold her and the spa harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked above and have disclosed all medications and products I am using on my skin. I understand my Esthetician will take every precaution to minimize or eliminate negative reactions as much as possible.

**(Salon)**

For salon services, please sign the additional hair waiver.

**(Massage)**

It is my choice to receive massage therapy. I understand that the information I have just provided is strictly confidential and will be used for no other purpose than to assist the massage therapist in providing a suitable massage based on my specific requirements. I also understand that failure to disclose information could result in injury and/or illness and I hereby release A La Mode Spa and Salon from any claims resulting in such. Any information provided is for general educational purposes only and is not intended for any medical or therapeutic purpose.

**(COVID)**

In the last 2 weeks have you been experiencing symptoms, diagnosed, or living with someone who has COVID? **YES / NO**

Signature of Guest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian Signature if under 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_