## 

# 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_