



Celestial Spa

# CLIENT INTAKE FORM

## Facial or Body Treatment

Name \_\_\_\_\_

Therapist : \_\_\_\_\_

Email Address \_\_\_\_\_

Therapist Notes:

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Skin Type  Dry  Oily  Combination

Skin Conditions  Sunburn Easily  Redness  Acne  Flaking  Dark Spots  Aging Skin

- Personal skincare products used:  Cleanser  Toner  Moisturizer  Masque  Serum  SPF
- Medical History: Health Conditions  Allergies  Thyroid  Diabetes  Hysterectomy  Cancer
- Do you use Retin-A (Tretinoin)?  Yes  No • Do you use Retinol?  Yes  No
- Are you on any medication?  Yes  No If yes, which ones \_\_\_\_\_
- Please list any allergies and recent injuries, surgeries, accidents, or medical treatments \_\_\_\_\_
- Are you currently pregnant?  Yes  No If yes, how many weeks? \_\_\_\_\_

\*\*Please mark any of the following conditions you may currently have.

- Neck or back injury
- Infection
- High Blood Pressure
- Current Sunburn
- Varicose Veins
- Skin Cancer
- Psoriasis or Eczema
- Grief Process
- Recent Surgery or Open Wounds
- Other: Please Specify \_\_\_\_\_

- Please select any of the following enhancements you would like to add to elevate your experience
- Hydrating Foot Scrub \$10 each
  - Back Balm: CBD, Magnesium & Arnica
  - Back Exfoliation
  - Lip Treatment  Turmeric Energizing treatment \$25 Each
  - AHA resurfacer
  - High Frequency  LED Mask: Red Light Therapy
  - Microcurrent
  - Eye Treatment with cooling stones

- Please select any additional services to be completed after your massage treatment for \$25 each\*
- Ionic Foot Detox
  - Lemongrass Foot Soak & Himalayan Salt Domes
  - Infrared Sauna Session

\*These services will extend your time with us and will be added after your spa appointment for at least half an hour.

By signing below, I acknowledge that the treatments and services provided at Celestial Spa are for relaxation and skincare purposes only and are not a substitute for medical diagnosis or treatment. I understand that estheticians do not diagnose or treat medical conditions, including skin disorders or diseases. I confirm that the information I have provided on this intake form is accurate and complete to the best of my knowledge. I voluntarily assume all risks associated with the treatments I receive and agree that Celestial Spa, its estheticians, and staff shall not be held liable for any adverse reactions, injuries, or complications that may arise. I release Celestial Spa and its employees from any and all liability, except in cases of gross negligence.

Signature \_\_\_\_\_

Date \_\_\_\_\_