

Hospitality Skin Spa

Intake form

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cellphone: _____ Mobile provider: _____

Birthdate: _____ Age: _____ Sex: M/F

Email address: _____

How did you hear about us? _____

Referred by: _____

Allergies: _____

Emergency contact name: _____ Relationship _____

Phone: _____

Family Physician: _____ Phone: _____

Medication history: _____

Supplement history: _____

Medical history: _____

Surgeries: _____

Pregnant or breastfeeding: _____

Tell us why you are here
today: _____

What other products or procedures would you like to know more about: Skin care, lasers, hair removal, tattoo removal, wrinkles, aging skin, acne skin, hormones: _____