



## Client Intake Form

Client Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: MM/DD/YY \_\_\_\_\_

Preferred method of communication (circle) phone / mobile / email

How did you hear about us?

- Social media (Circle) – Facebook / Twitter / Instagram / NextDoor
- Direct Mail
- Print – newspaper, magazine
- Word of Mouth – friend, neighbor \_\_\_\_\_
- Recommendation site – Yelp
- Other \_\_\_\_\_

What type of music would you like during your treatment?

- Adele-esque – Adele, Christina Perry, Coldplay
- Oldies – Beatles, Rolling Stones, George Harrison
- Today's Hits – Lana Del Ray, Ellie Goulding, OneRepublic
- Jazz – Smooth, Swing
- Traditional Spa – Instrumental, piano
- Classic Rock – Aerosmith, Journey, Eagles
- Surprise Me

Do you have any health conditions, surgeries, or injuries that we should be aware of?

Please describe: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please note that if you have any nail infections we will be unable to perform any nail treatments unless approved with a physician's note. ie: Nail fungus

Date: \_\_\_\_\_

## Massage

Reason for your appointment \_\_\_\_\_

Treatment goals \_\_\_\_\_

Pressure preference \_\_\_\_\_

List any food allergies \_\_\_\_\_

Are you allergic to latex? \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

Would you like massage oil or lotion? (Circle) Oil / Lotion

Are you (circle) pregnant week \_\_\_\_ / lactating / menstruating

Do you have any skin conditions?

I.e.: Warts, psoriasis, sunburn etc. \_\_\_\_\_

**Add experience enhancements to your massage and we will do our best to accommodate.**

15mins \$20

€ More massage € Extra scalp € Drink of oxygen (oxygen inhalation)

20mins \$30

€ Foot Treatments (Sugar Exfoliation + Clarisonic + Foot massage)

In consideration for receiving services at Recoop Spa, I hereby promise not to sue and release, waive, discharge Orchard Wellness LLC., its officers, members, agents, servants, and employees and other business entities owned, operated, or controlled in whole or part by Orchard Wellness LLC. from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on Recoop Spa premises at any time. I am fully aware of the risks involved and hazards connected with spa treatments, and I voluntarily assume full responsibility for any risks of loss, property loss, property damage, or personal injury that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by negligence or otherwise. I have stated all medical conditions that I am aware of and I will update Recoop Spa of any changes to my health status. I understand that Recoop Spa has a 24-hour cancellation policy and that if I do not cancel my appointment prior to 24 hours before the scheduled service, I am responsible for the entire service cost.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Skin Care

Reason for your appointment \_\_\_\_\_

Treatment goals \_\_\_\_\_

Skin Type

- dry/dehydrated
- oily/congested
- sensitive/redness
- normal /combination

Areas of Concern \_\_\_\_\_

Skincare Regimen \_\_\_\_\_

List any food allergies \_\_\_\_\_

Are you allergic to latex? \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

Are you using or have used:

- Accutane
- Retin A or Retinol
- AHA Glycolic Acid
- Antibiotics or other prescription skin products
- Chemical or glycolic peel
- Fillers (Botox, Juvaderm)
- Are you (circle) pregnant week \_\_\_\_ / lactating / menstruating

**Add experience enhancements to your facial and we will do our best to accommodate.**

15mins \$20

€ Microcurrent € Scalp Treatment € Drink of Oxygen € Peel (\$50)

No added time € Collagen Eye Treatment € Collagen Lip Plump € Vit C Mask

20mins \$30

€ Foot Treatment (Sugar Exfoliation + Clarisonic + Foot massage)

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Signature: \_\_\_\_\_

## Body Treatments, and Waxing

Reason for your appointment \_\_\_\_\_

Areas of Concern \_\_\_\_\_

List any food allergies \_\_\_\_\_

Are you allergic to latex? \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

Are you using or have used:

- Accutane
- Retin A or Retinol
- AHA Glycolic Acid
- Antibiotics or other prescription skin products
- Chemical or glycolic peel
- Fillers (Botox, Juvaderm)
- Are you (circle) pregnant week \_\_\_\_ / lactating / menstruating

**Add experience enhancements to your body treatment and we will do our best to accommodate.**

15mins \$20

€ More massage € Extra scalp € Drink of Oxygen

20mins \$30

€ Foot Treatments (Sugar Exfoliation + Clarisonic + Foot massage)

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Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_