



## Client Information-2025

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Email: \_\_\_\_\_ How were you referred to us? \_\_\_\_\_

Main Concerns: \_\_\_\_\_

Are you pregnant or breastfeeding? Yes/No

Have you had any reactions to cosmetics or skin care products? Yes/No

Do you have a history of Cold Sores? Yes/No

Do you have any allergies? Yes/No

Are you currently taking any medications? Yes/No

Are you currently using any topical medications? Yes/No

### **Cancellation Policy**

We kindly ask that you give us **48-hour notice** if you need to cancel. Our no-show fee is **\$50.00** on cancellations past 48 hours.

Please respond to our reminder notices with a C to confirm. If we do not hear from you, we will assume that you are not coming and will give your appointment up to the next person on our wait list.

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