**Google Drive:Skin Apeel LOGOS New 3/15:2tone-CMYKno tag.pdf**

**Guest Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birthdate: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you find our spa: Internet \_\_\_\_\_ Event \_\_\_\_\_ Friend\_\_\_\_\_**

**Who may we thank for your Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Our goal is to deliver results! Help us customize your experience to ensure your ultimate satisfaction and safety by indicating all that may apply and or interest you below:**

**Waxing – We do not advise waxing services if you have recently used:**

**Retin A Glycolic Benzyl Peroxide Dermatologist Care Accutane Antibiotics Salycilic Acid Obagi**

**Face**

**Sun Damage Dryness Sensitivity/Flaking Rosacea/Redness Excess Oil**

**Brown Spots Elasticity Uneven Textures/Pores Acne Blackheads/Whiteheads Dilated Capillaries Aging Neck/Decolletage Lip Lines Dark Circles/Puffiness**

**Body**

**Muscle Tension Stress Water Retention Dry Skin Inch Loss**

**Cellulite Arthritis Elasticity Fibromyalgia**

**Desired Massage Pressure: Light Medium Firm Unsure**

**Hands & Feet**

**Age Spots Dry Skin/ Cuticles White Spots Callous/Cracked Heels Skin/Nail Fungus**

**Please advise your therapist if you are currently experiencing or have a history of :**

**Heart Disease Epilepsy Cancer Arthritis Asthma Diabetes**

**Low/High Blood Pressure Thrombosis Recent Surgery Claustrophobia**

**Present Injury/Cuts/Abrasions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I Am Pregnant \_\_\_\_\_**

**I am not experiencing fever, cough, sneezing or any illness symptoms, nor have I been exposed to**

**anyone compromised. Initial to Confirm \_\_\_\_\_\_\_\_**

**I consent to receiving spa treatment and that I have provided necessary information for my own safety.**

**Guest Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_**