# CUSTOMER FORM

Name ______________________________________________________DOB ______/______/______

Address ________________________________________ City_____________________ Zip ________

Number you can be reach at ____________________ Email _________________________________

Occupation ______________________________ How did you hear about us? ___________________

## Medical History

Please list any medications, herbals, and vitamins you are currently taking that can thin blood: ____________

______________________________________________________________________________

Do you have health problems? (Please check all that apply)

___ Acne ___ Epilepsy ___ Metal Implants___ Arthritis ___ Heart Problems ___ Allergies__________

___ Autoimmune Disease ___ Headaches ___ Pre / Post Menopause___ Broken Bones_____________

____ Severe Varicosities___ Bursitis ___ HIV / AIDS ___ Thrombosis___________ Cancer ________

Hormonal Problems ___ Thyroid___ Diabetes ___ HBP______Other____________________________

## Facials and facelifts

Have you ever had a professional facial? ___ Yes ___ No What type? ___________________________

Facelift? ___ Yes ___ No What type of treatment? ___________________________________________

If yes, how long ago? __________________ What did you like about it? ________________________

What didn't you like about it? __________________________________________________________

What expectation do you hope to accomplish today? ________________________________________

## Body toning and contouring

Have you ever had a professional body toning, contouring, liposuction, tummy tuck, laser? ___ Yes ___ No What type of treatment? _________________ If yes,how long ago? ______________ What did you like about it? ____________________________________________________________________

What didn't you like about it? _____________________________________________________

Would you like to be contacted for other services? ______ Yes _____ No

I have read the above consent form and hereby acknowledge the information presented here to be accurate and truthful to the best of my knowledge.

Client signature ____________________________________________________________Date______________