



Welcome! We look forward to caring for you.

Name: _____

If client is a minor, parent or guardian's name: _____

Gender: () Female () Male **Birth date:** _____

Street address: _____ **City/ State/ Zip:** _____

Home phone: _____ **Cell:** _____ **Work phone:** _____

Which phone is preferred for reaching you? () Home () Cell () Work

We will attempt to contact you with a reminder of your appointment three days prior. We will leave a message about the appointment date and time on this phone, unless you tell us otherwise.

Email address: _____

Would you like to receive limited emails of special offers or information from us? () Yes () No

Emergency contact _____ **Contact's phone #:** _____

Primary medical doctor: _____

Your occupation: _____

How did you find out about us? Please let us know all the ways:

Referred by friend or family (name?) _____ Referred by doctor (name?) _____

Internet search _____ Our website _____ Facebook _____ Twitter _____ Pinterest _____

Seminar or Spa event _____ I was given a Spa Gift Card _____ TV commercial _____ Radio (station?) _____

Charity / donation / school event _____ Dex phonebook _____ Yellowbook / Hibu listing _____ Saw the building _____

CoolScutting website _____ Physician Locator _____ Bridal/ Teen/ Menopausal Consultation Cards _____

The Cville Weekly _____ Glenmore Life _____ The Scout Guide _____ Other _____

We accept Discover, American Express, Visa, Mastercard, Care Credit, PayPal online, checks, Brilliant Distinctions coupons, our gift cards, Spa Dollars that have not expired, and cash. Some treatments require a \$500 deposit. I understand that I am financially responsible for all charges.

Signature: _____ **Date:** _____



NAME: _____ DATE: _____ AGE: _____

ALLERGIES: _____

SKIN CONDITION:

- () Normal () Dry () Oily () Sensitive

MY AREAS OF INTEREST OR CONCERN:

- | | | |
|---------------------------|-----------------------------|------------------------------|
| () Acne | () Acne Scarring | () Underarm Sweating |
| () Aging Facial Skin | () Sun Damaged Skin | () Facial Hair or Body Hair |
| () Fine Lines / Wrinkles | () Deep Wrinkles | () Skin Tone / Texture |
| () Pigmentation / Spots | () Enlarged Pores | () Fat on the Body |
| () Spider Veins on Legs | () Facial Veins | () Sagging Earlobes |
| () Aging Hands | () Skin Tightening of Face | () Skin Tightening of Body |

SKIN HISTORY:

- | | |
|--------------------|--------------------------------------|
| () Rosacea | () Eczema |
| () Psoriasis | () Accutane Use / Dates Used: _____ |
| () Fever Blisters | () Skin Cancer / Date: _____ |

PREVIOUS COSMETIC PROCEDURES:

- () Cosmetic Surgeries / Implants: _____
- () Injectables: _____
- () Laser Treatments: _____
- () Other: _____

HOW OFTEN DO YOU VISIT A SPA FOR TREATMENTS?		
<input type="checkbox"/> Once a week	<input type="checkbox"/> Every other month	<input type="checkbox"/> Once or twice a year
<input type="checkbox"/> Once a month	<input type="checkbox"/> Once every three months	<input type="checkbox"/> Other: _____

Please list all of the medications, medicated creams and herbal supplements that you use:

You and Your Skin Care Products

What types of products do you usually use at home?			
Creams	Serums	Exfoliators	Masks
<input type="checkbox"/> Anti-aging <input type="checkbox"/> Anti-wrinkles <input type="checkbox"/> Firming <input type="checkbox"/> Radiance <input type="checkbox"/> Moisturizing <input type="checkbox"/> Purifying <input type="checkbox"/> Soothing/ Softening <input type="checkbox"/> Brightening	<input type="checkbox"/> Oily skin <input type="checkbox"/> Anti-aging <input type="checkbox"/> Firming <input type="checkbox"/> Moisturizing <input type="checkbox"/> Brightening	<input type="checkbox"/> Exfoliators with grain <input type="checkbox"/> Biological	<input type="checkbox"/> Oily skin <input type="checkbox"/> Anti-aging <input type="checkbox"/> Firming <input type="checkbox"/> Moisturizing <input type="checkbox"/> Brightening
Eye Care	Lips	Neck/ Neckline	
<input type="checkbox"/> Anti-wrinkles <input type="checkbox"/> Fatigue <input type="checkbox"/> Under eye circles/ Puffiness <input type="checkbox"/> Anti-aging	<input type="checkbox"/> Anti-wrinkles <input type="checkbox"/> Anti-aging	<input type="checkbox"/> Anti-wrinkles <input type="checkbox"/> Anti-aging <input type="checkbox"/> Firming	
Make-up Removal/ Cleansing			
Types:			
<input type="checkbox"/> Foam <input type="checkbox"/> Milk <input type="checkbox"/> Cream <input type="checkbox"/> Gel <input type="checkbox"/> Wipes <input type="checkbox"/> Soap <input type="checkbox"/> Eye Cleanser			
Sunscreen Use			
<input type="checkbox"/> Daily sunscreen <input type="checkbox"/> SPF in makeup <input type="checkbox"/> Outdoor Use <input type="checkbox"/> Rarely <input type="checkbox"/> Never			



Rescheduling, Cancellations, Fees, Deposits & Returns Policies

Please allow a minimum of 48 hours' notice to cancel or reschedule most Spa appointments. For eyebrow shaping and selected other 10-20 minute aesthetician's appointments, we can reschedule with just 24 hours' notice, if needed. For selected longer appointments, we require a deposit and four days' notice (outlined below).

We attempt to remind clients of appointments, by phone, three to four days in advance.

Cancellations made with less than the required notice (exceptions as stated above and below), will incur 100% of the cost of the scheduled service, or \$75, whichever is less.

If possible, a missed appointment may be rescheduled within the same day to avoid a charge, if an opening is available. Repeated late cancellations or not showing for the appointment will require a non-refundable pre-payment for the service.

Deposits and Four Business Days' Notice:

Four procedures require special arrangements due to more extensive appointment time and costs: Fraxel, Thermage, Sculptra and Ultherapy. For these procedures, we request a \$500 deposit when the appointment is made. Should you need to make a change in the appointment, we require a cancellation notice of four business days (96 hours) prior to the procedure. There is a \$500 fee if cancellation is made within less time. This will be reviewed with clients who make a deposit.

Returns:

Purchases, with the exception of makeup, may be returned within 30 days. Makeup is always non-refundable.

Products for return must be unopened, only slightly used and caused irritation to one's skin, or faulty in order to receive a refund in the 30 days.

Purchases made greater than 30 days ago may receive a credit or exchange if the product is unopened or faulty.

A cash refund usually requires 24 hours to process if the refund amount exceeds \$50.

Please acknowledge with your signature that you have read our policies. Your support is greatly appreciated. Thank you for allowing us to care for you!

Signature: _____ **Date:** _____