

STEP 1

Today's Date: _____ Referred By: _____

Full Name: _____

Phone: _____ Age: _____

Service Type: Select what you are scheduled for

- Waxing Services
- Facial w/ Enzyme Peel 1 Hour
- Aromatherapy w/ Pin Point Massage
- Detox Body Wrap w/ Lymphatic Drain Massage
- Infrared Hot Detox Session
- Advanced Med Spa Aesthetics
- Mole or Skintag Removal
- Teeth Whitening
- Body Scrub w/ lymphatic drain massage

STEP 2 Read All Options Below

These are services that you may add on today and are great compliments to any scheduled service. Add 1 or more now to make your day perfect.

Choose X	ADD ON NOW FOR A PERFECT DAY Why not, don't you deserve it?	PRICE \$
	Coconut, Chocolate-Mint Macaroon express detox polishing facial for all skin types	25
	Upgrade Standard Wrap to Hot FAR Infrared Detox and lose up to 5 lbs. and 4000 calories	25
	Hot foot wrap with warm coconut oil and lemongrass deep clean scrub & foot massage	25
	Scalp Massage to wipe away headaches, sinus pressure, stress and tension	20
	Facial Massage for lifting, puffiness, sinus pressure, jaw pain or headaches 15 minutes	20
	20 Minute head, neck and shoulder massage with hot stone on neck and shoulders	25
	Brow Wax for perfect detailed brows done under a magnifying light for perfection	15
	Upper Lip Wax because you can't walk around I with a mustache ladies	10
	Light Chemical Peel or Microderm Express	49

STEP 3

Please Select all below that pertains to you.

- | | |
|---------------------------------------|---|
| <input type="radio"/> Weight Issues | <input type="radio"/> Arthritis |
| <input type="radio"/> Feeling toxic | <input type="radio"/> HBP |
| <input type="radio"/> Fatigued | <input type="radio"/> Current/Prior Cancers |
| <input type="radio"/> Stressed | <input type="radio"/> Metal in body |
| <input type="radio"/> Skin Conditions | <input type="radio"/> Autoimmune Disease |
| <input type="radio"/> Current Illness | <input type="radio"/> HIV |
| <input type="radio"/> Joint Pain | <input type="radio"/> Herpes |
| <input type="radio"/> Muscle Pain | <input type="radio"/> Heat sensitive |
| <input type="radio"/> Allergies | <input type="radio"/> Claustrophobic |

Please list any specific concerns about your skin, body or mental health and any daily medications:

STEP 4

Consent To Treat

I understand that with any service that I have not been guaranteed results or long term effects. I also understand that I may have allergic reactions, sensitivity to products or services and that once a service has started, we do not provide refunds. You may experience redness, breakouts, sensitivity, abrasions to the skin depending on your services selected today. We refuse the right to stop service at anytime if inappropriate behavior of any kind is presented to our practitioners and refunds will not be given. You understand that you have all opportunities at this time to ask any questions you may have prior to receiving your service:

SIGNED: _____ **Date:** _____

**** Services not regulated by The AZ Board of Cosmetology:**
Infrared, Radio Frequency, micro-needling, dermaplaning, aromatherapy, wraps, ear piercing, perm. make-up, teeth whitening, cavitation, detox services, spray tans, vibration

Office Use	Amy	Kristine	April
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