BODYSONG SPA CLIENT INFO SHEET

Name _____ Date_____

Address _____

City_____Zip_____

Phone _____D.O.B_____

Email _____

PREFERRED METHOD OF COMMUNICATION: Email ☐ Text ☐ Phone ☐

If by phone, please call between _____AM and _____PM

HISTORY OF PRIOR COSMETIC PROCEDURES (face/body)

☐ Botox Dates of treatment _____

☐ Fillers Dates of treatment _____

☐ Other _____Date_____

_____ Date _____

PLEASE INDICATE ANY EXISTING CONDITIONS:

☐ Inflamed, infected or swollen skin?

☐ Active cancerous areas? Undergoing chemotherapy?

☐ Kidney-disease or on dialysis?

☐ Pregnant? ☐ Untreated Hernia?

☐ Varicose veins? ☐ Diabetes?

☐ Any loss of sensation in the skin?

☐ Other? _____

CHECK YOUR AREAS OF CONCERN:

FACIAL ☐ FAT REDUCTION ☐ CELLUILTE ☐ SKIN TIGHTENING/TONING ☐

LYMPHATIC DRAINAGE ☐ INFLAMMATION ☐

Please provide details:

_____

_____

_____

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