

THE Rustic SPA

CLIENT INFORMATION FORM

Name: _____ Date: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ DOB: _____

Email Address: _____

Alternate Email Address: _____

Cell Phone: (_____) _____ Alternate Phone: (_____) _____

How did you hear about The Rustic Spa? _____

What is your purpose for visiting The Rustic Spa? Waxing Facial Infrared Sauna Therapy Body Contouring Massage

Would you like any additional information about other services offered at The Rustic Spa? Yes No

Do you have any medical conditions or diagnoses you would like to inform The Rustic Spa about? Yes No

Please share any comments, questions or concerns:
