



Legal Name (First Middle Last)

Preferred Name (Nickname)

Street Address

City State Zip code

Phone number Email address

Birth date Marital Status Preferred gender + pronoun

Emergency contact name Emergency contact relationship

Emergency contact cell phone number Emergency contact alt phone number

Do you prefer phone or email contact? [ ] Phone [ ] Email

Would you like to be added to our email newsletter list? You can opt out anytime. [ ] Yes [ ] No

How did you hear about us?

Do you have any major medical conditions or body issues that you are currently under treatment for? [ ] Yes [ ] No If yes, please explain below:

PLEASE CIRCLE ALL THAT APPLY TO YOUR CURRENT HEALTH

- Headaches Chronic pain Varicose veins Cancer/tumors
Skin problems Muscle or joint pain HIV/AIDS Allergies
Sinus problems Cold / Cough Flu Pregnancy
Sprains/strains High/low blood pressure Diabetes Infectious disease

AESTHETICS INTAKE



Please tell us what products you are currently using on your skin (i.e. cleansers, acne treatments, moisturizers)

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What is your main skin care concern or issue you'd like to address today?

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Do you have any allergies or ailments that we should know about?  Yes  No

If yes, please explain:

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Have you had any recent mole removals or skin surgeries?  Yes  No

If yes, please describe:

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Are you currently using Retinol?  Yes  No

Other Comments or questions:

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By signing below, I acknowledge that I am financially responsible for all charges.

I understand that payment is due upon receipt of treatment.

If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees process of this claim. I understand that a Missed Appointment Fee of \$25.00 will be charged for missed appointments or late cancellations.

I acknowledge that Watershed Wellness is not responsible for any injury or reactions that take place during the course of the treatment. All treatment options and procedures are discussed on the intake form and during the client consultation. I understand that the treatment does not diagnose or prescribe for medical illness, disease or any other physical disorder.

Client or Authorized Person's Signature

Date of Signature