

Tattoo Client Intake Form

Date:			
Name:	Age:	Birth Date:	
(please print first name,	MI, last name)		
Address:	Cell Phone Numbe	Cell Phone Number:	
City:	Secondary Numbe	Secondary Number:	
State: Email:			
Zip Code:			
Occupation:	Emergency Contac		
Emergency Contact Phone Numb	oer:		
ĺ	How were you referred to RSVPM	edSpa	
	(please circle only one)		
KC Mag	Facebook	435 South Magazine	
Twitter	Search Engine (list which one) RSVPMedSpa.com		
Radio(list which channel)	Television(list which channel)		
Friend/Family Member			
Other:			
	Tattoo Health Assessment		
Location of tattoo:	Age of tattoo:	(month/years)	
Please indicate if you have any	of the following conditions:		
abetes Compromised Immune System		nune System	
Bleeding Disorder	Psoriasis	Psoriasis	
Taking Blood Thinners	Eczema	Eczema	
High Blood Pressure	Herpes Simplex	Herpes Simplex	
Pregnant/Lactating	Long Term Steroid	Long Term Steroid Use	
Trying to get pregnant	History of Keloid S	History of Keloid Scarring	
History of Cancer	Accutane use in th	Accutane use in the last 6 months	
Fainting/Dizziness	Currently using an	Currently using an oral acne medication	
Lymphatic Disorder	Antibiotic use in th	Antibiotic use in the last 72 hours	

Please list any medications you are currently taking			
1	4		
2			
3			
Sun exposure in last 3 weeks: real sun			
Please described any major health issues not listed above			
Mo	edSpa Etiquette		
•Gratuities on Esthetic Services are solely left	to a client' discretion. 15-20% is industry standard		
•Children are not allowed in the spa			
•No cash refunds. All sales are final			
Gift certificates are non-refundable and non-redeemable for cash, and must be presented at time of			
service. Gift certificates lost, stolen, or used without authorization are non-refundable, non-			
replaceable nor valid. All gift certificates expire on date listed on gift certificate.			
Cancellations			
Spa services are extremely popular. While we	e certainly understand your plans can change, the		
treatments you select are reserved especially for you. For individual services, a 24 hour cancellation			
notice is required to avoid being charged a NO SHOW fee of \$75.00*. For spa packages and groups, a			
seven day cancellation notice is required. This policy allows others to enjoy our services, as well as			
recognizing the value of the time of our talented spa technicians.			
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Scheduling			
*If arrival is more than 15 minutes after scheduled appointment the service will be rescheduled as			
a courtesy to other clients.			
We recommend scheduling your appointment	ts a minimum of two weeks in advance for the widest		
selection of services and appointment times. However, we will do our best to accommodate you at			
any time. At the time booking, services will need to be secured with a credit card.			
Visa/MC/AMEX/Discover accepted.			
	ices are subject to change		
Preparation			
Please plan to arrive at least 15 minutes prior	to your scheduled service to get checked in and		
prepare for your treatment. Most services require client consultation form to be filled out to enable			
our technician to better serve you. To avoid delaying our next guests, your service will need to end			
on time regardless of when you arrived.			
	t taken from package. Client account or credit card		
will be charged.			

Date_____

Client Signature_____