



Natural Gifts Holistic Center, LLC
 Client Intake Form
 for
 Facials & Energy Therapies
 Please turn off or silence your cell phone



Name: _____ Date of Birth: _____
 Address: _____ Zip Code: _____
 Phone Number(s): Home: () ___-____ Work: () ___-____ Cell: () ___-____
 E-Mail Address: _____ Referred by: _____
 Preferred Method of Contact: _____
 Occupation: _____ Employer: _____
 Emergency Contact: _____ Telephone: _____

General & Medical Information:

Age: _____ () Male () Female () Married/ with Partner () Single
 What service are you here for today? () Facial () Energy Therapy () Other _____
 Is this your first time for a facial or energy services? () Yes () No

Client prefers: Tues. Wed. Thurs. Fri. Sat. ___ a.m. ___ p.m. ___ after 5:00pm
 Every week Every 2-weeks Every 3-weeks Once a month

Are you interested in adding aromatherapy to your session for an additional \$10 each?
 () Yes, that would be wonderful
 () Yes, but not today, but please ask me next time
 () Not today, but I will think about it for future appointments
 () Don't think I'll ever be interested, but will let you know if I change my mind

A pleasant mixture of Lavender and Chamomile will be used in all Aromatherapy unless otherwise specified. If you would like more benefits from the different oils, then please speak with one of our Certified Aroma-therapists.

Please take a moment to carefully read the following information and sign where indicated.

Please circle one: Hours per day of computer use: 1-2 3-6 7+

Current Stress Level: () MILD () MODERATE () SEVERE Is it: () ACUTE () CHRONIC

What skin problems or concerns would you like to address?

What would you like to change about your skin?

Are you allergic to latex? _____ Do you have any allergy to nut products? _____



Natural Gifts Holistic Center, LLC
 Client Intake Form
 for
 Facials & Energy Therapies
 Please turn off or silence your cell phone



Medical History:

- Yes No Do you suffer from epilepsy or seizures?
- Yes No Do you have any allergies? _____
- Yes No Do you have a pace-maker? _____
- Yes No Do you have chronic fatigue, low energy or lethargy?
- Yes No Do you have diabetes?
- Yes No Do you experience frequent headaches?
- Yes No Do you have any metal implants?
- Yes No Do you have a contagious disease?
- Yes No Do you bruise easily?
- Yes No Have you been diagnosed with cancer?
- Yes No Do you suffer from insomnia?
- Yes No Do you have or have you had hepatitis?
- Yes No Do you have any endocrine or hormonal issues?
- Yes No Do you suffer from upper back pain?
- Yes No Do you suffer from back pain?
- Yes No Do you have any current infections or illnesses?
- Yes No Do you have cardiac or circulatory problems?
- Yes No Do you have PCOS, endometriosis or other reproductive issue?
- Yes No Do you have cancer?
- Yes No Do you have osteoporosis?
- Yes No Have you had cold sores/fever blisters?
- Yes No Do you have neck problems?
- Yes No Do you have HIV or other immune suppressing disease?
- Yes No Are you Pregnant? How far along? _____
- Yes No Do you have high/ low blood pressure? On Medication? _____
- Yes No Have you had surgery recently? Where? _____
- Yes No Do you have an auto-immune disease? _____
- Yes No Do you have arthritis, osteoarthritis, or rheumatoid arthritis?
- Yes No Have you had a stroke or heart attack? How long ago? _____
- () Yes No Do you have numbness or stabbing pain anywhere? _____
- Yes No Is there any other physical condition I should be aware of? _____

AVAILABLE DISCOUNTS:
 \$10.00-off-New Client and \$5.00 off for referring family and friends.
 GIFT CERTIFICATES AVAILABLE

Save when you buy skin care treatment package.

Services:
 Crystal Stone Therapy
 Ear Candling
 Facials
 Reiki Energy Work

Family history of disease: _____

List all medications, oral and topical, you are currently using or have used in the past six months: _____



Natural Gifts Holistic Center, LLC
 Client Intake Form
 for
 Facials & Energy Therapies



Please turn off or silence your cell phone

Please understand that a Esthetician and Energy work **is not a licensed medical doctor or therapist.** This consultation/session is not meant to diagnose or treat any disease, but rather it is intended to provide information that will promote the conditions under which natural healing skills and abilities are strengthened. It is designed to give insights into innate healing potential and guide toward a more healthy and balanced lifestyle. I also realize that the sessions are for increasing coping skills, teaching how to manage stress in creative, healthy ways and to help eliminate unhealthy habits.

Because hypnosis / energy work should not be performed under certain medical conditions, please affirm that you have stated all known medical conditions, and have answered all questions honestly. A referral from your primary care provider may be required prior to services rendered. You agree to keep the practitioner updated as to any changes in your medical profile and understand that there shall be no liability on the practitioners part should you forget to do so.

I certify that my participation is of my own free will and I accept complete responsibility for my well being at all times. **I further certify that I am a healthy individual and that I am physically and psychologically fit to fully participate,** and I know of no reason, nor have I been informed by my physician or psychologist of any reason, why my participation would do me harm of any nature. I agree to release and hold harmless Natural Gifts Holistic Center LLC and any of its service providers from any claim arising out of any portion of these sessions in which I am voluntarily participating, including any claim for physical and/or mental injury to myself, whether caused by negligence or otherwise. I also understand that although these sessions may raise emotional issues, they are not intended to provide a therapeutic environment or be a substitute for ongoing counseling or psychotherapy. Resolution of any issues which may surface and which may warrant counseling will be my sole responsibility and will be undertaken at my sole discretion and at my own expense. I am clear that I am not being treated for specific medical problems.

Sessions begin and end at scheduled times. Any session started late due to the client arriving late, will end at the appointed time and are charged at the full rate. If cancellation of any session is necessary, please give an appropriate 24 hr. notice. Otherwise, you will be charged for the full price of the appointment. Emergency cancellations are determined at the therapist's discretion. In consideration of the next client, all sessions will end on time. If you feel you need more time, then please talk to the practitioner about coming in sooner or scheduling a longer session in the future. If you choose to not put a credit card on file, you will not be allowed to reschedule until all payments are caught up.

Accepted forms of payment: Cash, Personal Check, Visa, MasterCard, Discover Card, American Express, Gift Certificates, Living Social Voucher

Client/ Guardian Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____



Natural Gifts Holistic Center, LLC
Client Intake Form
for
Facials & Energy Therapies
 Please turn off or silence your cell phone



If using a credit card, please fill out the following: (this will also be the card that is charged for not showing for an appointment or for cancellation within 24 hrs.)

Please circle one: Visa MasterCard Discover Card American Express

Number: _____ Zip Code: _____

3-Digit: _____ Expiration Date: _____

* I agree to the above terms and conditions for using this card:

Signature: _____ Date _____

Cancellation Policy

Out of respect for your therapist and other clients, our 24-hr cancellation policy is in full effect. Emergency cases will be dealt with individually; please view the following chart concerning our 24-hr cancellation policy.

<u># of Hours Prior to Appointment</u>	<u>Fee</u>
0 - 3	Cost of Service + \$20 scheduling fee
3.01 - 12	Cost of Service
12.01 - 24	½ of Cost of Service
24 +	No Fee

Gift Certificates, Monthly Specials, and coupon will not count towards the fees. Fees must be paid by cash, check, or credit card, for the full amount.

All fees will need to be paid prior to your next appointment. If no-shows or late cancellations happen more than two times, you may be asked to pay for your session at the time the appointment is made.

Please call if you have any other questions or concerns. 281-440-0082

Thanks
 Zada McGuire
 owner/ management



Natural Gifts Holistic Center, LLC
Client Intake Form
for
Facials & Energy Therapies
Please turn off or silence your cell phone



By signing below, you agree to the above statements and are fully aware of the fees that will take place if cancellation of a session happens with less than 24 hr. notice. You are also consenting that your credit card will be charged accordingly if you do not show for a scheduled appointment or cancel with less than 24 hrs. You agree and realize that new appointments may be rejected or not scheduled until all payments are caught up.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____