

BODI BARR

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Confidential General Consultation form

Today's

Date: _____

Personal Information:

Name: _____ Sex: Male / Female
Address: _____ City, State,
Zip _____ Date of Birth: _____ Phone
Number: Mobile _____
E-Mail: _____
Emergency Contact: _____ Phone:

Whom may we thank for referring you?

General Health:

Do you smoke? Yes No
Do you wear contact lenses? Yes No
Do you have any metal implants, pacemaker or body piercings? Yes No
Do you have Injuries/accidents/illnesses that still affect you: _____
Are you currently under the care of a Doctor or Dermatologist? _____
List current prescription medications/topical treatments and purpose: _____
Do you have any sensitivities or allergies? _____
Are you currently taking ANY blood thinning medication? _____

Health History: (check all that apply)

___herpes/cold sores ___high blood pressure ___allergies ___chronic pain ___rashes ___blood clots ___sprains/
strains ___diabetes ___pregnancy (___weeks) ___depression/anxiety

Skin Care:

Have you ever had: ___facial ___microdermabrasion ___chemical peel ___Botox
Products you use: ___soap ___cleanser ___toner ___moisturizer ___exfoliator ___masque ___liquid make up
___powder make up

It is my choice to receive spa therapies. I have completed this form to the best of my knowledge. I have stated all conditions that I am aware of and I will update Bodi Barr of any changes to my health status. If I am unable to make a scheduled appointment I agree to cancel the appointment 24 hours in advance by phone unless I have an emergency. In such case, I will ASAP to reschedule my appointment.. If I miss a scheduled appointment without giving 24 hours notice, I agree to pay the missed appointment fee that applies. I understand that any illicit or sexually suggestive behavior, remarks, or advances made by me will result in the immediate termination of the session and I will be liable for full payment of the scheduled service.

Signature _____ Date _____