



CHIROPRACTIC • SPA SERVICES • MASSAGE THERAPY

Date: _____

Thank you for choosing Life Stiles. As a new client, we would like to get some information from you for our files.

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone (Home): _____ Phone (Work): _____

Phone (Cell): _____

Please note which number you prefer we use to make reminder calls for appointments _____

How did you hear about Life Stiles? _____

If referred by a friend or family member, please provide their name so we may thank them.

If you would like to receive our Monthly Email Newsletter, please provide your email address:

Email: _____

To help us let your friends and loved ones know what you would like to celebrate your birthday or anniversary, please let us know:

Birth Date: _____ (year not necessary)

Anniversary: _____

Please turn over for some questions that will help us in serving you better.

*These questions can help our estheticians ensure you receive the appropriate treatment. Please tick **Yes** or **No** and **Circle** the appropriate response as necessary. Thank you.*

Yes No

1. Are you allergic to latex gloves?
2. Do you have any cosmetic allergies?
3. Do you have any food allergies?
4. Do you smoke?
5. Are your pregnant or nursing?
6. Are you claustrophobic?
7. Do you have varicose veins?
8. Do you have diabetes?
9. Do you suffer from swelling of the hands or feet (Edema)?
10. Do your legs feel heavy?
11. Do you wear contact lenses?
12. Have you had an alcoholic beverage today?
13. Do you use tanning beds?
14. Do you participate in vigorous aerobic activity or sports?
15. Within 30 days, have you received facial treatments that include chemical peels or microdermabrasion?
16. Do you have any skin conditions?
Please circle: Psoriasis, Eczema, Dermatitis, Other _____
17. Do you suffer from circulatory issues?
Please circle: Cold or Hot
18. Do you use any of the following:
Please circle: Glycolic Acid/Enzyme, Retinols, Acutance, Avita, Diffron, exfoliants, Vitamin A?

With a tick mark, please indicate the services below which give permission to have:

Facial _____	Manicure _____	Tinting _____
Mircodermabrasion _____	Body Treatment, wrap _____	Waxing _____
Pedicure _____	Body Treatment, scrub _____	

Signature _____ ***Date*** _____

Once again, thank you for choosing Life Stiles, please let us know if there is anything that we can do to add to your spa experience.

We always appreciate your comments and suggestions.

Life Stiles

24-hour Cancellation Policy

Please be advised that if you are canceling or rescheduling an appointment we required 24 hours notice to avoid being charged for the full fee.

In the event you do need to cancel or reschedule with less than 24 hours notice, you are welcome to have a friend or family member take your appointment to avoid paying the full fee.

When booking an appointment at Life Stiles we ask that you respect we are reserving staff member's time for your appointment. Our cancellation policy is being implemented to ensure staff members do not suffer a loss of income when we are unable to fill an appointment cancelled with short notice.

I have read and agreed to the 24-hour Cancellation Policy at Life Stiles.

Name:

Date:

Signature:

Thank you for your understanding and support.

Sincerely,

The Staff and Owners at Life Stiles