

# The Fountain of Youth Spa Client Intake form

438 Springfield Avenue, Berkeley Heights, NJ 07922

Fountainofyouthspanj.com /908-464-6414

Welcome to the Fountain of Youth Spa please help us to serve you better on your specific needs by completing the information below.

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: First \_\_\_\_\_ Middles Initial \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

Gender M/F/O

Home Phone \_\_\_\_\_/Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please Circle any of the following health issues you may have or have had in the past:

Cancer | Diabetes | High Blood Pressure | Heart Problems | Allergies

Other \_\_\_\_\_

Have you had Covid -19 in the past month circle Y or N

Do you smoke? \_\_\_\_\_

Are you taking and medications? \_\_\_\_\_?

Do you take any vitamins or herbs? If yes please list \_\_\_\_\_?

Do you exercise daily \_\_\_\_\_

How much water do you drink per day? \_\_\_\_\_

Do you drink alcohol, tea, or coffee? \_\_\_\_\_

Are you Allergic to any medications or herbs? \_\_\_\_\_

Are you claustrophobic? \_\_\_\_\_

Have you ever had a reaction to personal care products? If yes please list \_\_\_\_\_

Do you cleanse your skin daily? \_\_\_\_\_

When was the last time you had a facial? \_\_\_\_\_

Do you have any main concerns about your skin? If so please state \_\_\_\_\_

For all services we require a 24-hour cancellation notice.

\*If on the day of your appointment you wake up sick or have any indication of a temperature please notify us as soon as possible so we can reschedule your appointment.

**Note: If you have experienced or have Covid 19 recently please inform us before your appointment.**

Temperature will be taken in the beginning of each session. Please wear a mask when arriving. Please text us when you arrive for your appointment at (908)229-4261 so that we can be sure we are prepared and the client previous has been dismissed.

When your form is completed please email back to [antoninamemoli@optimum.net](mailto:antoninamemoli@optimum.net) for review one day prior to your appointment!

Thank you for your cooperation we look forward to serving you.