

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 for review one day prior to your appointment!

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