

SPA GROVE

face + wax + body

How did you hear about Spa Grove?: _____

Name: _____

Date of _____

Birth: _____ Age: _____

Email: _____

Phone number: _____

Prefer method of contact: _____

Text reminder: _____ Who is your cell phone carrier?: _____

Mailing address: _____

Please list any medications: _____

Medical conditions: _____

Are you currently undergoing cancer treatment?: _____

Are you a cancer survivor?: _____

Do you have hormone related pigmentation such as melasma?: _____

Have you been diagnosed with rosacea: _____

Do you suffer from acne?: _____

Are you currently being seen by a doctor for acne treatment?: _____

Have you ever used Accutane?: _____

Have you ever had a reaction to skincare products? If so please explain: _____

Do you have any allergies?: _____

Do you have a history of cold sores?: _____

Have you had Botox or cosmetic fillers with in the last 30 days? _____

Your Signature: _____ Date: _____

Please print and bring with you to your appointment or email megan@spagrove.com.