



### Tattoo Client Intake Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

(please print first name, MI, last name)

Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

State: \_\_\_\_\_ Email: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Any restrictions for contacting you? \_\_\_\_\_

Occupation: \_\_\_\_\_ Emergency Contact and relationship to you: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

### How were you referred to RSVPMedSpa

(please circle only one)

KC Mag \_\_\_\_\_ Facebook \_\_\_\_\_ 435 South Magazine \_\_\_\_\_

Twitter \_\_\_\_\_ Search Engine (list which one) \_\_\_\_\_ RSVPMedSpa.com \_\_\_\_\_

Radio(list which channel) \_\_\_\_\_ Television(list which channel) \_\_\_\_\_

Friend/Family Member \_\_\_\_\_

Other: \_\_\_\_\_

### Tattoo Health Assessment

Location of tattoo: \_\_\_\_\_ Age of tattoo: \_\_\_\_\_ (month/years)

### Please indicate if you have any of the following conditions:

Diabetes \_\_\_\_\_ Compromised Immune System \_\_\_\_\_

Bleeding Disorder \_\_\_\_\_ Psoriasis \_\_\_\_\_

Taking Blood Thinners \_\_\_\_\_ Eczema \_\_\_\_\_

High Blood Pressure \_\_\_\_\_ Herpes Simplex \_\_\_\_\_

Pregnant/Lactating \_\_\_\_\_ Long Term Steroid Use \_\_\_\_\_

Trying to get pregnant \_\_\_\_\_ History of Keloid Scarring \_\_\_\_\_

History of Cancer \_\_\_\_\_ Accutane use in the last 6 months \_\_\_\_\_

Fainting/Dizziness \_\_\_\_\_ Currently using an oral acne medication \_\_\_\_\_

Lymphatic Disorder \_\_\_\_\_ Antibiotic use in the last 72 hours \_\_\_\_\_

**Please list any medications you are currently taking**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Sun exposure in last 3 weeks:    real sun                      tanning bed                      spray tan

**Please described any major health issues not listed above**

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**MedSpa Etiquette**

- Gratuities on Esthetic Services are solely left to a client' discretion. 15-20% is industry standard
- Children are not allowed in the spa
- No cash refunds. All sales are final

Gift certificates are non-refundable and non-redeemable for cash, and must be presented at time of service. Gift certificates lost, stolen, or used without authorization are non-refundable, non-replaceable nor valid. All gift certificates expire on date listed on gift certificate.

**Cancellations**

Spa services are extremely popular. While we certainly understand your plans can change, the treatments you select are reserved especially for you. For individual services, a **24 hour cancellation notice is required** to avoid being charged a NO SHOW fee of \$75.00\*. For spa packages and groups, a seven day cancellation notice is required. This policy allows others to enjoy our services, as well as recognizing the value of the time of our talented spa technicians.

**Scheduling**

**\*If arrival is more than 15 minutes after scheduled appointment the service will be rescheduled as a courtesy to other clients.**

We recommend scheduling your appointments a minimum of two weeks in advance for the widest selection of services and appointment times. However, we will do our best to accommodate you at any time. At the time booking, services will need to be secured with a credit card.

Visa/MC/AMEX/Discover accepted.

**Services and prices are subject to change**

**Preparation**

Please plan to arrive at least 15 minutes prior to your scheduled service to get checked in and prepare for your treatment. Most services require client consultation form to be filled out to enable our technician to better serve you. To avoid delaying our next guests, your service will need to end on time regardless of when you arrived.

**\*A NO SHOW means \$75.00 fee or treatment taken from package. Client account or credit card will be charged.**

Client Signature \_\_\_\_\_

Date \_\_\_\_\_