

## Customer Consultation Form

### Basic Information

**Name:** adfadsf

**Mobile:** fadfa

**Nationality:** 11AFDSFDS

**Date:** 11111-11-11

**Start Time:** 11:11

### Service Details

**Service:** Massage

**Treatment:** Aromatherapy

**Duration:** 60 min

**Price:** 220 Qr

### Referral Information

**How did you know about us:** Online

**Social Media:** Facebook

Medical History

**Health Conditions:** Diabetes

**Do you have implants?** yes

**Implant Details:** afdsf

Massage & Facial Preferences

**Massage Pressure:** Soft/Light

**Skin Type:** Sensitive

**Other Concerns:** afdadfadf

Body Areas Selected

abdomen, right\_wrist, lower\_back, left\_back\_wrist

Consent

**Wants Promotional Material:** Yes

**Signature:**

