

# Customer Consultation Form

## Basic Information

|             |     |
|-------------|-----|
| Name        | N/A |
| Mobile      | N/A |
| Nationality | N/A |
| Date        | N/A |
| Start Time  | N/A |

## Service Details

|           |     |
|-----------|-----|
| Service   | N/A |
| Treatment | N/A |
| Duration  | N/A |
| Price     | Qr  |

## Referral Info

|                            |     |
|----------------------------|-----|
| How did you know about us? | N/A |
| Social Media               | N/A |

## Medical History

|                       |     |
|-----------------------|-----|
| Health Conditions     | N/A |
| Do you have implants? | N/A |

## Massage & Facial

|                  |     |
|------------------|-----|
| Massage Pressure | N/A |
| Skin Type        | N/A |
| Other Concerns   | N/A |

## Body Area Selections

|     |
|-----|
| N/A |
|-----|

## Consent & Signature

|  |
|--|
| Wants Promotional Material: No   |
| Signature:<br> |