**Client Intake Form**

Name Date of Birth

Address

 Street City State Zip

1° Phone # 2° Phone # E-mail

How did you hear about us? (***please  all that apply)***

☐ Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ In the area

☐ Internet Search/Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Spectrum Cable TV

Social Media ☐ Facebook ☐ Instagram ☐ Pinterest

Services you are interested in learning more about ***(please rank in order your top 3 concerns)***

**\_\_\_\_\_\_\_\_\_\_ Skin & Anti-aging (HydraFacial, FotoFacial, SkinPen, Plasma Pen, Renuvion)**

**\_\_\_\_\_\_\_\_\_\_ Injectable Products (Botox/Dysport/Jeuveau, Dermal Fillers)**

**\_\_\_\_\_\_\_\_\_\_ Cellulite**

**\_\_\_\_\_\_\_\_\_\_ Hair Loss or Thinning**

**\_\_\_\_\_\_\_\_\_\_ Sexual Wellness/Urinary Incontinence**

**\_\_\_\_\_\_\_\_\_\_ Unwanted Hair**

**\_\_\_\_\_\_\_\_\_\_ Body Sculpting**

**\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

How much do you anticipate spending on these services?

☐< $500 ☐< $1000 ☐ < $2500 ☐ < $7500 ☐ > $7500

How much downtime are you able to have? ☐ None ☐ 2-3 days ☐ 5-7 days ☐ > 7 days

I acknowledge that I have been informed that The Lifestyle Center has policies to comply with the Health Information Portability and Accountability Act (HIPAA) and that I may obtain a copy of these policies by requesting such copy.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_