



To ensure that you receive the personalized treatment you deserve, communication is imperative. If you have any questions, do not hesitate to ask for clarification. Please give feedback to your licensed practitioner any time during your session. Your comfort and well being will always be honored. Further questions may be asked by your practitioner to provide the best treatment for you. All conversations are strictly confidential. Thank you for the opportunity to serve you.

Name: _____ Date of Birth: _____ Sex: M F

Full Address: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

Email: _____ Occupation: _____

How did you hear of True Boutique & Spa? Advertisement, Referred by: _____ Other: _____

Are you under a Doctor's care?

Dr. Name: _____ Phone: _____

Please list any Allergies, Current Medications, Supplements (topical and internal): _____

CIRCLE ALL THAT APPLY:

- | | | |
|----------------|-------------------|---------------------|
| Arthritis | Bone/Joint Issues | High Blood Pressure |
| Diabetes | Heart Disease | Thrombosis |
| Thyroid Issues | Sinus Issues | Cancer |
| Claustrophobia | Headaches | Birth Control |
| Pregnancy | Menopause | Skin Issues |

Have you recently received any of the following? Chemical Peel Microdermabrasion Cosmetic Surgery

Daily Liquid Intake (approximate ounces): Water _____ Caffeine _____ Alcohol _____

What would you like the focus of your Treatment to be today? _____

Do you have any particular concerns needing to be addressed today? _____

In signing this document:

**I acknowledge that I understand the treatment(s) and freely choose to receive the treatment(s).
 I release True Boutique & Spa of any mal-practice, non disclosure and lack of informed consent.**

SIGNED

DATE