



CLIENT SURVEY

Date _____

Client Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Name of Employer _____

Occupation _____ Work Phone _____

How did you hear about us? _____

Emergency Contact Person _____

Relationship _____ Phone _____

What method of payment is best for you? Financing Credit Card Check Cash

Please indicate the services and areas of interest

Laser Hair Removal

Area of Interest	Hair Color	Current Method of Hair Removal

Skin Rejuvenation

Skin Tone	Firmness & Elasticity	Texture
<input type="checkbox"/> Uneven Skin Color <input type="checkbox"/> Sun Damage <input type="checkbox"/> Age Spots <input type="checkbox"/> Freckles <input type="checkbox"/> Broken Capillaries <input type="checkbox"/> Rosacea	<input type="checkbox"/> Wrinkles ___Deep _Fine <input type="checkbox"/> Lip Lines <input type="checkbox"/> Crows Feet <input type="checkbox"/> Nasolabial Lines <input type="checkbox"/> Skin Tightening <input type="checkbox"/> Loss of Firmness/Elasticity	<input type="checkbox"/> Leathery Texture <input type="checkbox"/> Acne Scarring <input type="checkbox"/> Large Pores <input type="checkbox"/> Blackheads <input type="checkbox"/> Dry/Rough Skin <input type="checkbox"/> Stretch Marks
Area of Interest	Area of Interest	Area of Interest

Permanent Makeup

Area of Interest
<input type="checkbox"/> Brows
<input type="checkbox"/> Lips

Teeth Whitening

Area of Interest
<input type="checkbox"/> Eyeliner
<input type="checkbox"/> Areola