



Total Wellness with Erica
Finding Beauty Within

Client Intake Form

Please fill out the information below accurately to ensure we can provide the best care tailored to your needs.

Personal Information

Name _____ Date of Birth _____
Phone Number _____ Email _____

Light Therapy Consultation

Please indicate if any of the following apply to you:

- | | |
|---|---|
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Breast-feeding | <input type="checkbox"/> Photosensitive (due to disorder or medication) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Currently using steroids |

Sculptural Facelifting Massage Information

Please provide information on any recent treatments you've received.

- | | |
|--|---|
| <input type="checkbox"/> Botox (How recent?) | <input type="checkbox"/> Threads (How recent?) |
| <input type="checkbox"/> Fillers (How recent?) | <input type="checkbox"/> Facelift (How recent?) |

Have you had any of the following treatments in the last month?

- | | |
|--|---|
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Laser treatments |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Prescriptions |



Total Wellness with Erica
Finding Beauty Within

Client Intake Form

List any prescription creams or oral medications provided by a dermatologist:

Health Information

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Neck injuries | <input type="checkbox"/> Vertigo |
| <input type="checkbox"/> Dental implant (How recent?) | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Cold sores |
| <input type="checkbox"/> Cancer (How recent?) | <input type="checkbox"/> Claustrophobia |
| <input type="checkbox"/> Lymph node removed | |

Signature and Date

Please sign and date below to confirm the accuracy of the information provided:

Signature _____

Date _____



Total Wellness with Erica
Finding Beauty Within

Waiver & Release Policy

I understand I must share my skin and health status truthfully at each Facial Treatment with Erica Coughlin.

I will share any new health or skin information that may have changed upon arrival for each future appointment. I understand that withholding information or providing misinformation may result in contraindications and take full responsibility if so.

I will disclose any injectables including botox and filler that I have received before or in between any treatments from Erica Coughlin.

The treatments I receive here are voluntary and I release Erica Coughlin/Total Wellness With Erica from liability and assume full responsibility thereof for current and future treatments. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.

I AGREE TO THE ABOVE WRITTEN POLICIES AND UNDERSTAND THIS AGREEMENT AS MY LIABILITY WAIVER AND RELEASE WAIVER FROM ALL TREATMENTS/FUTURE TREATMENTS WITH Erica Coughlin/Total Wellness With Erica.

Yes

No

Signature and Date

Please sign and date below to confirm the accuracy of the information provided:

Signature _____

Date _____