

TOTAL WELLNESS WITH ERICA

— a holistic approach to aging —

Client Intake Form

Personal Information

Name _____ Date of Birth _____

Address _____

Phone Number _____ Email _____

Sculptural Facelifting Massage Information

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

Botox (How recent?) Threads (How recent?)

Fillers (How recent?) Facelift (How recent?)

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

Chemical Peels Laser treatments

Microdermabrasion Prescriptions

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

Health Information

Check all that apply:

Neck injuries Vertigo Dental implant (How recent?) Pacemaker

Pregnant Cold sores Cancer (How recent?) Claustrophobia

Lymph node removed

Disclaimer & Consent

I understand that the services provided by Total Wellness with Erica are non-medical wellness services and are not a substitute for medical care, diagnosis, or treatment. I affirm that I have disclosed all relevant health information accurately and will notify the practitioner of any changes to my health status. I voluntarily consent to receive these services and release Total Wellness with Erica and its practitioner from liability for any adverse reactions resulting from undisclosed or inaccurate information.

Signature and Date

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

Signature _____ Date _____

Practitioner Signature & Date

Signature _____ Date _____