



BB Intake Form

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Would like to receive spa text specials? Yes or No

Email _____ Would like to receive spa emails specials? Yes or No

Date of Birth _____

Have you had microneedling before? Yes or No

Have you had a peel recently? Yes or No

Do you have any allergies to lidocaine? Yes or No

Do you have any recent surgery scars? Yes or No

Do you have any active acne? (Those areas will be avoided) Yes or No

Are prone to herpes outbreaks? Yes or No

Do you have any other medical condition, injury or anything else we should be aware of that we have not mentioned? Yes or No

If yes, please provide details _____

I give Royal Pampering Day Spa permission to take before and after photos to publish and reproduce photos of me, my face and/ or eye area both before and after the procedure for advertising and promotions.

Client Signature _____ Date _____

Skin Care Professional Signature _____ Date _____