

Le Beau Day Spa

Skin and Body Management

Here at Le Beau we strive to deliver service beyond expectations.
So we can understand your individual needs, we appreciate you completing the information below. ☐ Please tick if you do not wish to receive marketing literature

Name: _____ D.O.B: _____

Address: _____

Telephone H: _____ W _____ M: _____

Email: _____ Occupation: _____

Partners name: _____ Your Anniversary: _____

Do you have children? _____

Are you interested in Mum and Bubs Day? _____

Client History Please tick where applicable to assist us with the correct treatment for you! All information is highly confidential.

- | | |
|--|---|
| <input type="checkbox"/> Are you allergic to iodine? | <input type="checkbox"/> Have you had collagen injections? |
| <input type="checkbox"/> Are you pregnant/may be pregnant? | <input type="checkbox"/> Have had chemical peels? |
| <input type="checkbox"/> Have you recently had surgery? | <input type="checkbox"/> Have had lipo suction? |
| <input type="checkbox"/> Are you on any medication? | <input type="checkbox"/> Have had IPL treatments? |
| <input type="checkbox"/> Are you on skin related medication? | <input type="checkbox"/> Have had breast implants? |
| <input type="checkbox"/> Do you have allergies? _____ | <input type="checkbox"/> Have had laser treatments? |
| <input type="checkbox"/> Cancer or lymphatic? | <input type="checkbox"/> Epilepsy/ metal plates / pace maker? |

What is your beauty priority?: Face ☐ Body ☐ Hand & Feet ☐ Hair Removal ☐

What face products do you currently use?: _____

What face products have you previously use?: _____

What body products do you use?: _____

Describe your main concerns (if any) :

Face: _____

Body: _____

What level of pressure would you prefer your massage? Soft ☐ Medium ☐ Firm ☐

What level of conversation would you prefer during your treatment?

None ☐ Informative ☐ Social Talk ☐

What has made you leave past salons?: _____

How did you hear about Le Beau?: _____

If friend, who?: _____

What makes a good day spa to you?

- | | | | |
|--------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Service | <input type="checkbox"/> Your experience | <input type="checkbox"/> Staff knowledge | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Cleanliness | <input type="checkbox"/> Latest equipment | <input type="checkbox"/> Other | |

Signature: _____

Thank you for your time. We trust you enjoy your experience with us at Le Beau.

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