

Abbie Kadabby

Client Profile

Date: ____/____/____

Birthday: ____/____/____

Name: _____

Home: (____) _____

Address: _____

Cell: (____) _____

City: _____

Email: _____

State: _____ Zip: _____

Occupation: _____

Preferred appt. day: _____

Employer: _____

Time: _____

Referred by: _____

Age: Under 21 21-30 31-40 41-50 Over 50

Skin Type and Conditions: (check all that apply):

Dry Oily Combination Sunburn easily Blush easily
 Redness Acne Breakouts Flaking Tightness

Other: _____

Explain any checked: _____

Personal Skin Care Products (check all that apply):

Soap Masque Scrub Other _____
 Cleanser Toner Moisturizer

Do you use Retin-A, Renova or Accutane (an oral form of Retin-A) Yes No

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hour? Yes No

Do you use any other skin thinning products and/or drugs? Yes No

Massage Preference: Light Firm

Lifestyle: Work Daily Yes No Alcohol Yes No Exercise Yes No

Smoke Yes No Regular Sleep Pattern Yes No

Daily Water Consumption? _____ oz. Soft Drinks: _____ oz. Coffee: _____ oz.

Are you exposed to the sun daily or are you considering spending more time in the sun soon? Yes No

Do you use a tanning bed? Yes No

Medical History: Are you currently on or within the last year been under a physician's care? Yes No

Health Conditions:

Allergies Thyroid Diabetes Hysterectomy Cancer

Hormone imbalance Recent Surgery X-Rays Other: _____

Explain any checked: _____

Current Medications: _____

Female clients only: Are you in or due for your menstrual cycle? Yes No Day of month _____

Are you pregnant or trying to become pregnant? Yes No Do you use oral contraception? Yes No

Male clients only: Skin Breakouts: Yes No Shaving system? Wet Dry Ingrown Hairs? Yes No

Cancellation / No Show Policy

Your appointments are extremely important to Abbie Kadabby and are reserved especially for you. Should you need to cancel or reschedule your appointment, I respectfully request @ least 24-hour notice. Please understand that when you forget or cancel your appointment without giving enough notice, I miss the opportunity to fill that appointment time and clients on my waiting list miss the opportunity to receive services.

It is your responsibility to remember your appointment dates and times. I do send out an automated text/email as a curiosity reminder, as life gets busy a friendly reminder is always welcomed. Please respond with a "C" to confirm your appointment. Shall you need further assistance, please contact Abbie Kadabby directly, not the automated system. It is your responsibility to arrive on time. Arriving fifteen (15) minutes after your scheduled appointment is considered a "no show" and at Abbie Kadabby's discretion to perform the scheduled service.

Since services are reserved for you personally, a cancellation fee may apply. If I do not receive the required notice for adjustments and cancellations you may be billed full price and it will be applied to your credit card or alternatively billed out to you via PayPal. The invoice will need to be paid prior to Abbie Kadabby rescheduling you for future services and all previously scheduled appointments will be cancelled.

The cancellation policy allows me the time to inform standby clients of any availability, as well as keeping my schedule full to better serve everyone. Abbie Kadabby's policies are presented and provided in the best quality and tradition of excellent service for my established and future clientele. Please understand I do not like charging for services not rendered; however, remember you are personally scheduling time for yourself and I allotted that time for you. I ask you to respect my time and policies; if you cannot, then I can't afford to do business with you.

Schedule of Fees:

No Show: **Full Service Fee**

Less than 12-hour Notice: **Full Service Fee**

Less than 24-hour Notice: **1/2 of Full Service Fee**

Payment Info:

Name on Card: _____ Credit Card #: _____

Type of Card: _____ Expiration: ____/____/____ Security Code: _____

Billing Address: _____ / _____ / _____ / _____
Street Apt #. State Zip

Email Address: _____ Cell Phone Number: _____

Printed Name: _____ Signature: _____

Series of Spa Treatment / Service Packages

Abbie Kadabby is unable to process any returns or reimburse any payment transactions on any series of spa treatments or a service package. Abbie Kadabby will, however, exchange them for credit of equal value on a different service agreed upon.

When you, as the client, purchase a series of spa treatments or a service package you are aware of the limited amount of time you have to use the credit. Once the time expires the credit is no longer valid.

_____ (please initial)

Children

To ensure safety for all (clients and children), we respectfully ask that children do not accompany you to your scheduled appointments. Abbie Kadabby or LaBella Massage + Skincare, do not take responsibility for the children left unattended. Guests look forward to their spa experience as personal pampering time and we want to make sure they are treated like royalty while here, which includes a quiet serene time.

_____ (please initial)

Cell Phone

We kindly ask that you turn your cell phones and pagers to vibrate upon arrival and to remember to speak in your very soft spa voice once you enter the spa. Please inform your esthetician should you need to make a phone call so that you may do so without disturbing other spa guests. Cell phone use may affect the length of your spa services.

_____ (please initial)

Photo Consent

I the undersigned do hereby agree to the following. I am allowing Abbie Kadabby or a staff member to take photos of my treatment and/or treated areas to be used for the purpose of monitoring my progress.

Please read each statement carefully:

I give permission for my photos to be taken for treatment progress. _____ (please initial)

I give permission for my photos to be used for advertising. _____ (please initial)

At my request, my identity will remain anonymous. _____ (please initial)

At my request, my photos will only be used for my chart. _____ (please initial)

Printed Name

Signature

Esthetician/Witness

_____/_____/_____
Date

_____/_____/_____
Date