



*Cato's Face and Body Place*

www.catosplace.com

Client Information

Welcome to Cato's Face and Body Place for professional skincare, holistic spa treatments and waxing. To better serve you, please fill out the form below so that you can be assured of a safe and high-quality service.

### Contact Information

Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:		
Preferred Phone: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone	E-Mail Address:		
How were you referred?	Would you like to receive e-mails about specials? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Your satisfaction with my services is very important to me. I take great care in providing effective but at the same time the safest course of treatment to meet your expectations. Please read through the following carefully.

### Skin Information

<b>Waxing</b> - can be prone to "lifting" skin in certain circumstances. I use the safest wax combined with proven techniques to minimize possible complications as a result of waxing. Please inform me of any of the following if:	
<input type="checkbox"/> Your skin is very dry	<input type="checkbox"/> You have had complications with a prior waxing procedure
<input type="checkbox"/> You have had a sunburn recently	<input type="checkbox"/> You are on medications that could affect the skin
<input type="checkbox"/> You have had recent chemical or skin resurfacing treatments/ Botox or other injections	<input type="checkbox"/> You are using products at home for age rejuvenation or to treat acne
<b>Facials</b> - Prior to any Facial Treatment and/or Body Treatments I need to be notified of the following:	
<input type="checkbox"/> If you are pregnant	<input type="checkbox"/> If you are a diabetic
<input type="checkbox"/> If you suffer from high blood pressure, have a heart condition or have a pacemaker	<input type="checkbox"/> Any other information I must be aware of:
Any ingredient has the potential to cause irritation and in worse cases can cause an allergic reaction. Are you allergic or have had a known internal or external reaction to any of the following:	
<input type="checkbox"/> Benzoyl Peroxide	<input type="checkbox"/> Sulfur
<input type="checkbox"/> Nuts or nut oils	<input type="checkbox"/> Latex
<input type="checkbox"/> Shellfish or iodine	<input type="checkbox"/> Other:

If you have any concerns or questions following a treatment please contact me as soon as possible. No guarantee is made or implied regarding results.

I have read the above and hereby give my voluntary consent and authorization for treatment and/or service.

Signature:	Date:
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