



Client Intake Form

Date _____ **Who can we thank for referring you?** _____

Name _____

Date of Birth _____ Age _____

Phone _____

Home Address _____

City, State _____ Zip _____

Email _____

Preferred Pharmacy _____ Phone _____

“I understand that I have the ability and it is my right to be able to select / direct which pharmacy my prescriber uses to fill my medication orders.” INITIALS required statement from pharmacy which compounds our Rx.

Medications, please list: _____

Allergies (meds/food): _____

Over the counter drugs used regularly: _____

Occupation _____ Do you work outside? Yes No

Emergency Contact _____ Relationship _____

Phone(s) _____

If married, does your spouse know you're receiving aesthetic treatments? YES NO

Female clients only:

Are you taking oral contraceptives? Yes No

Are you undergoing hormone replacement therapy? Yes No

Are you pregnant or trying to get pregnant? Yes No

Are you lactating? Yes No

Any menopause issues? Yes No

If yes, please specify _____



Male clients only:

What is your current shaving system? Wet Shave Electric None

Do you experience irritation from shaving? Yes No Ingrown hairs? Yes No

Are you using Testosterone therapy? Yes No

Your contact and scheduling

May we email/text you to confirm future appointments? Yes No

Preferred method of contact: **Email** or **Text**

May we contact you via Email OR Text about future promotions and news? Yes No

May we use your before and after pictures on our social media pages - [full likeness](#) OR [anonymous](#) OR [not at all](#)
(Please check or circle one) BEFORE & AFTER PICTURES WILL ALWAYS BE TAKEN FOR CHARTING PURPOSES.

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release

Bo by Yas, LLC and/or the skin care and medical practitioners performing the services/treatments from liability and assume full responsibility thereof, (see arbitration agreement).

Client Signature _____

Bo by Yas representative _____

[Cancellation and No-Show Policy](#)

If you are unable to keep your scheduled appointment, please **call, text or email** the office **24 hours** before your appointment to reschedule so another client might be accommodated. We value your time and that of all our clients. Most of our services do not require prepayment or deposit and we want to keep it that way. If you no show or cancel without 24 hours notice, we reserve the right to assess a non-refundable \$60 booking fee for future bookings for both weight loss clinic and aesthetic treatments. Of course, this fee will be used toward your booked service when you arrive. Should you no show for the appointment, the \$60 will be retained for your missed appointment. If you know you will be more than 15 minutes late, due to circumstances out of your control, **please CALL**, not text or email or this will constitute a no show. We... I, as your personal neighborhood injection specialist want to accommodate you any way possible. Please just let me know. **Nurse practitioner will require you to reschedule if 16 minutes late or more.**

Signing below indicates you are aware of Bo By Yas' Cancellation and No-Show Policy.

Thank you so much for your cooperation! **Client signature** _____