

Vitality Medspa

- **Please arrive 15 minutes prior to your appointment** so that you have time to complete any necessary paperwork and so that we may begin your appointment on time. A late arrival may reduce the amount of time your provider is able to spend with you. Your service will remain at scheduled price.
- **Cancellation/Rescheduling Policy:** All will agree, time is our most valuable asset. We ask that appointments be guaranteed against late cancellation or rescheduling with a major credit card. Please provide at least 24 hours' notice when rescheduling. This allows us enough time to fill appointments. Late cancellations and "no-shows" will be charged a fee according to our cancellation policy listed on the following page.
- **Quiet, Please:** Please turn off cell phones on arrival and speak softly. We strive to maintain a tranquil and stress-reducing experience for all our guests.
- **Children:** To maintain our serene atmosphere, we ask that you not bring children with you to your appointment. We do, however allow children to enjoy certain spa treatments under the following guidelines: children under 16 must be accompanied by an adult and all children under the age of 18 must have an adult sign their initial consultation form. Minors do not disrobe for their services and the door will remain for the duration of their treatment. It is the adult's responsibility to monitor the child's behavior. **Children may not be left in the waiting area during your appointment.**
- **Forms of Payment:** We accept credit cards, debit cards, and cash. Personal checks are not accepted.
- **Gratuities:** Your spa treatment fees do not include gratuities. Customary gratuity for each service provider is 15 to 20 percent. You may leave cash or charge gratuity to a credit card. Tipping is never expected, but always appreciated.
- **Jewelry/Valuables:** If possible, please leave your jewelry and valuables at home as you will not need it for your day spa visit. However, if you bring such items, be mindful of not leaving them behind. We are not responsible for lost or stolen items.
- **Communicating your Preferences:** Feel free to ask questions. Your provider will appreciate knowing your thoughts and clarifying any issues you may have.
- **Pregnancy or Medical Conditions:** Be sure to mention any medical information when you book an appointment. Certain treatments may not be advisable for you. Before your treatment begins, let your provider know of any medical concerns.
- **This is a Professional Establishment:** Our providers are here solely to help improve your wellness and relaxation. If a provider feels that a client's behavior is inappropriate, they are authorized to stop the treatment immediately and direct you to the front desk.
- **Gift Certificate Policy:** Gift Certificates are available in any amount and may be purchased at the spa or by phone at 915-585-1300. Unfortunately, we are unable to process any returns or reimburse any payment transactions on gift certificates even if lost or stolen. Gift certificates cannot be redeemed as cash. Please mention your gift certificates when making your appointment.
- **Refunds:** We are unable to process any returns or reimburse any payment transaction on any treatment series. We will, however, exchange them for other products or spa credit of equal value. In the event you purchase any of our products for home use and find them to be defective, we will exchange any products within 14 days of purchase, provided a receipt is presented. Unfortunately, we cannot provide cash refunds for returned products. Instead a spa credit will be provided for any returned products to be used on any other products.

I have read and understand the above policies. I agree to always abide by these policies while at Vitality Medspa.

Print Name _____ Date _____

Signature _____

CANCELLATION POLICY:

We require a credit card in order to reserve an appointment.

We require 24 hours' notice to cancel an appointment. If you cancel your appointment with less than 24 hours' notice, we reserve the right to charge a fee of \$20.00. No shows are included under this policy. Please be aware that if you are more than 15 minutes late for your appointment, we may not be able to provide the service for which you have been scheduled and a cancellation fee will apply.

Print _____

Sign _____ Date _____

Dr Mendoza does not accept gratuity. If you would like to show your appreciation for great service with her you may do so by sharing your experience with others.
All other providers within our spa accept and appreciate gratuity.

If you chose to tip according to percentage, it is standard to do so based on the full price of the service you have received. Credit card tips are accepted.
Good Service \$15 and up
Great Service \$20 and up

Vitality Medspa does not discriminate on basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex, gender, or gender identity and/or expression (including a transgender identity), sexual orientation, military or veteran status.

Client Consultation For Facial or Body Treatments and Waxing

Preferred Name _____ Preferred Pronouns _____

Date of Birth _____ Age _____

Address _____ Zip _____ Phone _____

Emergency Contact Name _____ Phone _____ Relationship _____

Do you work outdoors? _____

What are your skin care goals? _____

What are your areas of concern? _____

Have you received facials before? _____ When? _____ How often? _____

Have you ever received and of the following?

Chemical Peels Yes No When? _____ Microdermabrasion Yes No When? _____

Laser Treatments Yes No When? _____ Botox Yes No When? _____

PRP Yes No When? _____ Fillers Yes No When? _____

Microblading Yes No When? _____

Have you used Retin-A, Retinol, Epiduo, Acutane or any other acne medications? _____

If yes, when? _____

Do you use tanning beds? _____ Do you smoke or do you live or work with smokers? _____

Have you had facial waxing within the past 72 hours? _____

Are you currently under the care of a dermatologist? _____

Do you have any infectious conditions? _____ Current medical conditions _____

Allergies, including food. _____ Are you pregnant or nursing? _____ Do you have any metal implants? _____

Medications _____

Current skin care routine (Fill in all that apply)

Cleanser _____ Toner _____ Mask _____

Exfoliant _____ Moisturizer _____ SPF _____

Night Cream _____ Eye Cream _____ Serum _____

How did you hear about us? _____

Would you like to receive reminders and promotions by email? If so, please leave your email address.

Photo Release

I, _____(print name) authorize Vitality Medspa to take photographs.

I **DO DO NOT** (please circle one) authorize Vitality Medspa to use my photographs.

These photos may be used in promotional material, for client/patient education, on our website or social media, or in our photo album. I understand that I have the right to decline and will notify staff if I do not wish for my photos to be used.

Print Name _____

Signature _____ Date _____

Please inform your aesthetician of any changes since your last visit. 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. I understand that adverse reactions and irritations may occur from products, peels, waxing, or microdermabrasion. I accept that these risks exist. The treatments I receive here are voluntary and I release this institution and/or skin care professional and medical director from liability and assume full responsibility thereof.

Print Name _____

Signature _____

Date _____

Print Name _____

Signature _____

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Print Name _____

Signature _____

Date _____

Print Name _____

Signature _____

Date _____

Print Name _____

Signature _____

Date _____

NOTES FOR ESTHETICIAN

Please note all products used and services completed

Date _____

Date _____

Date _____

Date _____

Date _____

Date _____

Date _____
