

NEW CLIENT INTAKE FORM

Business Name: _____

Date: _____

First-visit intake form for new clients. Captures essential information for onboarding, includes welcome messaging and service expectations.

** Required fields*

Full Name *

Email *

Phone Number *

Date of Birth

Address

How did you find us? *

Options: Google / Social media / Referral / Yelp / Drive-by/walk-in / Other

If referred, who referred you?

What service are you here for today? *

What are your goals or expectations?

What results are you hoping for?

Have you had this service elsewhere?

Options: Yes / No

Preferred contact method *

Options: Text / Email / Phone call

Would you like to receive promotions and updates?

Options: Yes / No

Health conditions, allergies, or concerns

I consent to the collection of this information *

Client Signature: _____

Date: _____

Print Name: _____