



Name: _____

Address: _____

Phone: _____ Email: _____

Preferred Method of Contact: Phone Email Text

Welcome to Déjà Vu Med Spa!

Our goal is to deliver the best experience possible... To customize your experience and exceed your expectation please complete the questions below.

What are your concerns today?

For Face

- Sun Damage
- Dehydration
- Sensitivity
- Hyper/hypo pigmentation
- Loss of Elasticity
- Uneven Texture
- Acne
- Blackheads
- Whiteheads
- Scars
- Enlarged Pores
- Dilated Capillaries
- Rosacea
- Fine Lines
- Wrinkles
- Puffy Eyes/Bags

For Body

- Muscle Tension
- Stress
- Discomfort
- Dehydration
- Dry skin
- Oily skin
- Cellulite
- Circulation
- Sunburned
- Pain
- Loss of Elasticity
- Stretch Marks

Desired Massage Pressure Light Medium Firm Deep Tissue

For Hands & Feet

- Age Spots
- Dry Skin
- Dry Cuticles
- Callous
- Ingrown Nails
- Fragile Nails
- Brittle Nails
- Splitting Nails

For Hair & Scalp

- Dry
- Dull
- Dandruff
- Slow growing
- Frizzy
- Damaged Hair
- Lack of body
- Hair Loss
- Scalp Psoriasis

Is there anything else we should know that may affect your treatment?

Other (please Specify) _____

Any Injuries _____

Allergies _____

Would you like to learn how to take great care of your skin? YES No

Would you like a complimentary makeup application? YES No

Would you like to learn how to take care of your health and wellness naturally? YES No

Are you interested in attending a free educational seminar? YES No

Signature: _____ Date: _____