



Intake Form

Date: _____/_____/_____

Full Name: _____

Preferred Name: _____

Date of Birth _____/_____/_____

Email Address: _____@_____.com

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Preferred Method of Contact? Home Cell Email

Occupation _____

How did you hear about us? _____

Allergies: _____

Medications: _____

Would you like to receive texts about promotions and events at Thrive Med Spa + Wellness? YES NO

Would you like to receive emails about promotions and events at Thrive Med Spa + Wellness? YES NO

Would you be willing to complete a brief survey after your visit at Thrive Med Spa + Wellness? YES NO