

Since Your Last Visit

Date: _____

Desired Location: NS ITC

First Name: _____ Last Name: _____

Have you started new medication?

1. Topically for your skin: _____

2. Internally: _____

Did you have any issues during your last visit you would prefer **NOT** to happen again? (If you prefer to keep this private, you can request to speak to a team leader)

Has any of your contact information changed?

Phone: () _____ eMail: _____

Is this your birthday month? Yes No

Additional Comments/Suggestions?

Thank you from SpaBlue! We are always looking for ways to provide our loyal clients with exceptional service.