Guest Intake & Health History

Parlor Beauty & Wellness Collective | 6100 E Central Ave, Suite 215, Wichita, KS 67208 | (316) 201-6255

Welcome to Parlor. This form helps us care for your skin safely and keep accurate records. It stays in your confidential guest file.

Full name _____ Date of birth _____

Phone _____ Email _____

Street address _____ City / State / ZIP _____

Emergency contact (name & phone) _____ How did you hear about us? _____

Health History - check all that apply

- ☐ Currently pregnant or nursing
- ☐ Taking blood-thinning medication or supplements (aspirin, ibuprofen, fish oil, vitamin E)
- ☐ Taking antibiotics, retinoids (Retin-A, Accutane), or photosensitizing medication
- ☐ History of cold sores, eczema, psoriasis, keloid scarring, or active skin conditions
- ☐ Allergies (medications, latex, fragrance, other): _____
- ☐ Recent sun exposure, tanning bed use, or self-tanner (past 4 weeks)
- ☐ Cosmetic procedures in the past 6 months (injectables, peels, laser, surgery)
- ☐ Pacemaker, metal implants, or electrical implants
- ☐ Other medical conditions we should know about: _____

Policies

I understand the appointment policies posted at parlorict.com/legal: no-shows and same-day cancellations are charged 100% of the scheduled service; arriving more than 5 minutes late may require rescheduling; repeat no-shows require prepayment. I consent to be contacted about my own appointments by phone, text, or email.

I have read this form, had the chance to ask questions, and I answered the health questions truthfully. I understand the information above and consent to the service described.

Guest name (print) _____ Date of birth _____

Guest signature _____ Date _____

Practitioner _____ Date _____