Service Intake and Consent

Prepared with Signathing. Roles: Client, Provider.

1. Client information

Client (full name): _____

Phone: _____

Email: _____

Date of birth (optional): _____

Emergency contact name: _____

Emergency contact phone: _____

Parent or guardian name, if the Client is a minor: _____

If the Client is under the age of majority where the service is provided, a parent or guardian completes this form, signs as the Client, and gives the consent below on the minor's behalf.

2. The service

Provider (business name): _____

Service requested (description): _____

Staff member or provider performing the service (optional): _____

3. Questions relevant to the service

Allergies or sensitivities relevant to products used (or none): _____

Injuries or physical limitations relevant to the activity (or none): _____

Preferences or anything else the Provider should know (optional): _____

The answers above are the Client's own statements, given so the Provider can plan the service and choose products and activities. The Provider relies on them and keeps them with this form. The Client tells the Provider before each visit if anything has changed.

4. Consent to the service

The Client asks for and agrees to the service described above. The Client understands that the Provider has explained the general risks that come with this kind of service, such as skin or scalp reaction to a product, muscle soreness or strain from physical activity, or a result that differs from the look or outcome discussed, and accepts those risks. The Client agrees to follow the Provider's instructions during the service and any care instructions given afterward, and to tell the Provider right away if anything feels wrong.

5. Policies

Cancellation and no-show policy: _____

Late arrival policy: _____

Payment policy (when and how payment is due, deposits, refunds): _____

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The Client has read the policies above and agrees to them. The Provider may update its policies with notice, and the version in effect on the date of a visit applies to that visit.

6. Photos

Photos of results: _____

Choices: Yes, you may photograph my results for the Provider's portfolio and social media / No photos

If the Client chooses yes, the Provider may photograph the results of the service and use those photos to show its work, without the Client's name unless the Client agrees separately. The Client may withdraw this permission for future photos at any time by telling the Provider in writing.

7. What this form is

This is an intake and consent form for a personal service. It is not a medical form and does not collect health records. The questions in section 3 ask only what the Provider needs to deliver this service safely and well. A provider who needs a client's medical history, a physician's clearance, or any clinical information should use a form made for that purpose and handle it accordingly.

- [ ] Client confirms the information above is accurate
- [ ] Client consents to the service described above

Signatures

Client

Signature	Date	Printed name

Provider

Signature	Date	Printed name

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