PUR
ASPEN

NEW CLIENT INTAKE

New Client Intake

Client information and Human Regenerator consent | Page 1 of 2

Welcome to PUR Aspen.

* Required field

We are glad you are here. Our team of professionals is committed to helping you with your beauty needs and goals. The following questions will help make our time together as effective as possible. Thank you in advance for taking the time to answer these questions as accurately as possible.

Contact Information

FIRST NAME *

LAST NAME *

MOBILE PHONE *

EMAIL ADDRESS *

CONSENT FOR USE OF HUMAN REGENERATOR

I understand that the Human Regenerator Jet is a safe and non-invasive treatment and has been shown to promote good health and wellbeing. I understand that every individual responds uniquely to Cold Activated Plasma treatments. Some patients may see immediate results or may require several treatments before they begin to feel results.

Note: Occasionally some clients may experience mild fatigue, discomfort or aches after their first treatment. This is a normal healing phenomenon. These responses should reduce after 24-48 hours. If they persist, notify the technician prior to your next appointment.

Client Details

WHEN WAS YOUR LAST VISIT?

ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH MM/DD/YYYY

PRONOUNS

☐ Not specified ☐ He/Him ☐ She/Her
☐ They/Them ☐ Other

Communication Preferences

PREFERRED CONTACT METHOD *

☐ Text ☐ Email ☐ Phone

PROMOTIONS AND SPECIAL EVENTS

Would you like to be contacted via email about upcoming promotions and special events?

☐ Yes ☐ No

NEW CLIENT INTAKE

Treatment Consent and Policies

CONSENT FOR USE OF ERCHONIA LASER TECHNOLOGY

I understand that the Erchonia Cold Laser Therapy is a safe and non-invasive treatment and has been shown to promote good health and wellbeing. I understand that every individual responds uniquely to Cold Laser treatments. Some patients may see immediate results or may require several treatments before they begin to feel results.

Note: Occasionally some clients may experience mild fatigue, discomfort or aches after their first treatment. This is a normal healing phenomenon. These responses should reduce after 24-48 hours. If they persist, notify the technician prior to your next appointment.

IMPORTANT: Stay hydrated by drinking water before and after a treatment session.

Health and Safety Screening

Are you over the age of 18? *

☐ Yes ☐ No

Do you have a pacemaker or other implanted electronic devices? *

☐ Yes ☐ No

Do you have battery operated hearing aids? *

☐ Yes ☐ No

Are you currently pregnant? *

☐ Yes ☐ No

Do you have Epilepsy? *

☐ Yes ☐ No

HOW DID YOU HEAR ABOUT US?

Cancellation Policy

In order to maintain the highest quality experience for all of our clients, we enforce a 50% service charge for all appointments canceled less than 24 hours in advance. We kindly ask that you cancel your appointment online or by phone more than 24 hours in advance to avoid the cancellation fee. Your signature on this form indicates your agreement to comply with this policy. Thank you for understanding and we look forward to helping you achieve your beauty goals.

Date and Signature

SIGNATURE *

TODAY'S DATE * MM/DD/YYYY