

THE **EDGE** FOR MEN

Client Intake Form

Name _____ Date of Birth _____

Address _____
Street City State Zip

1° Phone # _____ 2° Phone # _____ E-mail _____

How did you hear about us (*please all that apply*)

Friend, name of friend _____ Internet search In the area

TV Charter Cable Channel _____ AT&T U-Verse Channel _____ KMOV 4 Show _____

Dr Tobler 97.1 FM ESPN Radio Billboard Ladue News Town & Style

Social Media Facebook Instagram Pinterest Snapchat Linked In

Services you are interested in learning more about (*please rank your top 3 concerns in order*)

_____ "Shaving off the Years" (Botox/Dysport, Dermal Fillers, FotoFacial, J-Plasma)

_____ Body Sculpting

_____ Laser Hair Removal

_____ Hair Loss

_____ Sexual Performance

_____ Other _____

How much do you anticipate spending on these services

< \$500 < \$1000 < \$2500 < \$7500 > \$7500

How much downtime are you able to have? None 2-3 days 5-7 days > 7 days

I acknowledge that I have been informed that The Edge for Men has policies to comply with the Health Information Portability and Accountability Act (HIPPA) and that I may obtain a copy of these policies by requesting such copy.

Signature _____ Date _____