

THE **EDGE** FOR MEN

Client Intake Form

Name _____

Date of Birth _____

Address _____

City _____

State _____

Zip _____

Cell Phone #: _____ Alternate 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 _____

Ladue News Town & Style The Post 105.7 / Lux blog

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

Emergency Contact: _____
Name Relationship Phone Number

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 _____