

New Client Questionnaire



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Birthday: _____ Sex (circle one): Male Female

Profession: _____

Do you have children? YES NO

Are you married? YES NO

If you are married, what is your anniversary date? _____

How did you hear about us? _____

(Example: Friend, Another Client, Mailing, Sign, Walking by, Newspaper)

(If by another person, please include their name)

Thank you for providing us with this information. The Spa by Mitchell's does not sell, exchange or release your personal information, such as your name, email address, or telephone number to a third party.

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