

New Client Intake Form & Information Sheet

Welcome to Apothecary Tinctura!

We are a retail medicinal herb store specializing in natural remedies and health solutions for women. We have a small but busy 'clinic'/healing center/spa where we offer private consultation and treatments by skilled practitioners in a safe, nurturing environment. We specialize in women's health care integrating herbal medicine, aromatherapy, dietary counseling and Maya Uterine Massage into comprehensive holistic treatment plans.

Our mission is to provide an environment that allows healing to naturally happen...where all aspects of who we are and what our lives are about are welcome. Our goal is to provide you with the information and educational avenues needed to support self-healing and integration of herbal medicines, natural remedies and elements of self-care and beauty into your life. Whether you are here for a nurturing massage or have come seeking support for more serious health challenges, we welcome you.

How to Find Us

We are located on the corner of 6th Avenue & Fillmore St. just north of Cherry Creek
address: 2900 East 6th Ave, Denver 80206 tel: 303.399.1175

Cancellation / Re-Scheduling Policy

In order to best serve our clients and respect our clinic practitioners:

- We ask for a credit card number to reserve all clinic appointments
- We require at least 24 hours notice to cancel or reschedule an appointment
- We will not charge your credit card unless you miss your appointment or cancel/change your appointment with less than 24 hours notice
- A \$45 cancellation/rescheduling fee will be charged if less than 24 hours notice is given

I have read and understand the cancellation/re-scheduling policy

Client signature _____ date _____

We look forward to seeing you soon! Please bring your completed intake form with you to your first appointment.

Tess's Client Skincare Questionnaire

Welcome, I look forward to making you look and feel beautiful and special today. Just a few questions....

Name _____

Address _____ Zip _____

Email Address _____

Telephone Number _____

Birthday (month and day) _____

Referred By _____

How often do you receive
facials? _____

Are you currently on any prescription
medications? _____

Do you have any allergies or sensitivities? _____

Please tell me your current regime, including product name.....

AM

PM

Cleanse _____

Cleanse _____

Tone _____

Tone _____

Moisturize _____

Moisturize _____

Protect _____

Protect _____

Eye Area _____

Eye Area _____

Other _____

Other _____