



CLIENT CONSULTATION AND RELEASE FORM

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Birthdate: _____ Age: _____ Occupation: _____

Referred by _____

I think my skin type is **NORMAL / COMBO / OILY**

Skin care products currently used at home _____

Medical Information

Do any of the following conditions relate to you?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Accutane or other similar medications Please List:
<input type="checkbox"/>	<input type="checkbox"/>	Acne medications including: Retin-A, Retinols, Tazorac, Doxycycline, Bacorim, Minocycline, or other products containing acids etc.
<input type="checkbox"/>	<input type="checkbox"/>	Allergies: Aspirin, Sulfur, Sulfa, food allergies or ANY others (Please list)
<input type="checkbox"/>	<input type="checkbox"/>	Any products containing Retinols, Glycolic, or skin lightening or bleaching agents
<input type="checkbox"/>	<input type="checkbox"/>	Blood thinners – Heparin, Coumadin, Warfarin, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Breast feeding, pregnancy
<input type="checkbox"/>	<input type="checkbox"/>	Cold sores or fever blisters without premedication
<input type="checkbox"/>	<input type="checkbox"/>	Cosmetic injections, fillers or implants, (i.e. Botox®, collagen) within 14 days
<input type="checkbox"/>	<input type="checkbox"/>	Eczema, psoriasis
<input type="checkbox"/>	<input type="checkbox"/>	Facial waxing services within 7 days
<input type="checkbox"/>	<input type="checkbox"/>	Irregular, pigmented moles, warts or growths, unidentified facial growth or mark
<input type="checkbox"/>	<input type="checkbox"/>	Keloids, pigmented scars, Acne scars, new scar tissue
<input type="checkbox"/>	<input type="checkbox"/>	Laser procedures, chemical peels, dermabrasion, microdermabrasion
<input type="checkbox"/>	<input type="checkbox"/>	Light sensitive medication
<input type="checkbox"/>	<input type="checkbox"/>	Recent surgical or dental procedure
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid conditions, Rosacea, telangiectasia / couperosé
<input type="checkbox"/>	<input type="checkbox"/>	Type I or II diabetic
<input type="checkbox"/>	<input type="checkbox"/>	Under medical care for existing or suspected condition or disease Please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Viral infection, influenza, cold sores
		Anything else you need me to know.....

SECTION 2: CLIENT CONSENT FORM (Initial each line below)

1. I acknowledge that if I fail to use minimal sunscreen (SPF30), I am more susceptible to sunburn, skin damage. **(initial here)**_____
2. I acknowledge that I should avoid the use of aggressive exfoliators, waxing or products containing acids for 7 days following a resurfacing treatment.
3. **(initial here)**_____
4. I acknowledge that I should avoid use of Retin-A type products for a period of time recommended by my skincare professional during and following a resurfacing treatment. **(initial here)**_____
5. I acknowledge that I should avoid vigorous physical activity for 24 hours following the treatment to avoid sweating out the treatment. **(initial here)**_____
6. I agree to have the treatment performed and agree to follow all pre and post treatment instructions. **(initial here)**_____
7. I agree to contact my skin care professional with any questions or concerns. **(initial here)**_____

8. Cancellation Policy

I understand that unanticipated events happen occasionally in everyone's life which may cause an unexpected cancellation. In our desire to be effective and fair to all of our clients and out of consideration of your therapist's time, we have adopted the following policies:

NO SHOWS

Anyone who either forgets or consciously chooses to forego their appointment for whatever reason will be considered a "NO SHOW"

They will be responsible for that day's appointment fee and be required to prepay all future appointments in order to get on the schedule.

(initial here)_____

48hour notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule during that time. I text to remind you of your appointment the day before but, if you need to cancel or reschedule at least 48 hours in advance to avoid fees - \$50 fee for less than 48 hours and full treatment fee for same day cancels.

(initial here)_____

Client Signature: _____

Date: _____

Skincare Practitioner Signature: _____