Esthetician Services Consent Form

Name: _____

Address: _____

City/State/Zip Code: _____

Email Address: _____

Phone: _____

Occupation: _____

Date of Birth: / /

Emergency Contact: _____ Phone Number: _____

What is the reason for your visit today? _____

Are you under the care of a physician? YES NO
If Yes, please explain: _____

What medications/hormone replacements/vitamins do you take? _____

Do you? Sunbathe Use a tanning bed
How often? Light / Moderate / Excessive

Do you bruise easily? YES NO
Any personal or family history of cancer? YES NO
Do you get cold sores/blisters? YES NO

Have you ever had a reaction to:
Metals Airborne particles
Fragrance Food
Medication Cosmetics
Other allergies (latex, milk, citrus, aspirin, topical creams)
If yes, what: _____

Have you ever suffered from claustrophobia? YES NO
Do you normally sleep well? YES NO
Do you exercise? YES NO
What is your level of stress? HIGH MEDIUM LOW

Do you smoke? YES NO
Daily water intake ? _____ glasses per day
How many cups of caffeine-type beverages (coffee, tea, soft drinks) do you consume daily? NONE 1-3 Cups 4 or more

FOR WOMEN -
Are you on birth control? YES NO
Are you pregnant? YES NO

What special areas of concern do you have?
Pigmentation Age Spots Fine Lines/Wrinkles
Sun Damage Scars Hair Removal
Acne Other:_____

Have you ever had:
Microdermabrasion Cosmetic Surgery
Laser Hair Removal Cosmetic fillers
Collagen injections Chemical or natural peels
Botox IPL Laser Treatments
How recently?_____

Have you ever used:
Accutane Topical Antibiotic
Renova Retin-A
Accutane Hydroquinone

Do you wear contact lenses? YES NO

Do you experience breakouts? YES NO
How would you describe your skin? (Circle all that apply)
Oily T-zone / Combination Sensitive
Normal Dry

Do you have ingrown hairs? YES NO
How would you describe your overall health?
Excellent Good Fair Poor

FOR MEN -
Do you experience razor burn? YES NO

Are you interested in upgrading your facial today?
YES NO

Informed Release

Completion of this form gives a general state of health and assists our specialist in directing a customized course of treatment for you. I do fully understand all of the questions above and have answered them correctly and honestly. I understand that services offered are not substitute for medical care. I understand that the practitioner will completely inform me of what to expect in the course of treatment, and will recommend adjustments to my regiment if deemed necessary. I release the practitioner and the staff harmless from any liability that may result from this treatment. I am responsible for paying for any appointment cancellations of less than 24 hours notice.

Signature / Date: _____ Referred by: _____