Esthetics Intake Form and Liability Waiver

1. Please fill out form completely and don't forget to sign.

First Name

Last Name

Address Line 1

Apt/Suite

Email

Phone

Select Gender (optional)

Birthday:

Month	Day	Year

Referred by

2. Have you ever had a professional facial or skincare treatment before? *

) Yes

) No

3. If you answered Yes, above, when was your last treatment?

Type your answer here

4. What is your primary goal for the service(s) you'll be having? *

Type your answer here

5. Do you use any products containing alpha-hydroxys'? *

()	Yes

) No

📄 Not Sure

6. Have you ever received peel services? *

) Yes

🔵 No

Not Sure

7. Are you currently seeing a dermatologist?

) Yes

🔵 No

8. If Yes, for what purpose?

Туре	your	answer	here

9. Are you currently using Accutane? *

)	Yes

) No

10. Are you currently using Retin-A? *



🔵 No

11. Are you currently pregnant or planning to become pregnant? *

Yes

) No

12. If, Yes, how many weeks?

Type your answer here

13. Please list any known allergies:

Type your answer here

14. Please indicate any medications you are currently taking (including topical and oral):

Type your answer here

15. Do you have a pacemaker or any metal in your body? *

\bigcirc	Yes
------------	-----

) No

16. If, yes, where?

Type your answer here

17. Do you experience any of the following?

Blackheads

Whiteheads

Excessive redness

Flaking / Peeling

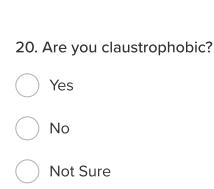
Dry Skin

18. If yes, where?

Type your answer here

19. Do you wear contact lenses?

) Yes



No

21. Please initial the following: I understand an Esthetician must be informed of existing medical conditions, allergies, or skin sensitivities. *

Type your answer here

22. Please initial the following: I agree that I have stated all known medical conditions and agree to keep my Esthetician updated on my health and conditions. *

Type your answer here

23. By signing this release, I hereby waive and release my esthetician from any and all liability, past, present, and future relating to skincare, waxing, or eyelash services. *

Type your answer here

24. Date *

Please sign to verify this information is true and accurate to the best of your knowledge. *

Ħ

I agree to use <u>electronic records and signatures.</u>

-

Submit

powered by Vagaro