

Client Consultation Form

Please answer the following question so that I can have a better understanding of your general health and concerns, there by enabling me to more accurately analyze your aesthetic request and or the possible factors of your present Skin/Health condition.

PERSONAL INFORMATION

Name: Date:

Address: State: Zip:

Home Phone: Cell Phone:

Email Address:

Birthday: Occupation:

Emergency Contact: Contact #:

How did you hear about SKIN by Marlena?

Have you ever had a facial?

Are you currently using the following skin care products:

Retin A/Renova Glycolic/Salicylic Acids Accutane Vitamin C

Answer Yes or No to the following questions. If "yes" explain:

Have you ever had an allergic reaction to any skin care or cosmetic products?

Have you recently had a skin peel?

Do you have any allergies?

Do you have a history of cold sores?

Do you have an aspirin allergy?

Do you have any current medical conditions or on an medication?

Do you have an iodine allergy?

Do you have a history of epilepsy?

Do you have any electronic implants or a pacemaker?

Are you currently pregnant or breastfeeding?

Have you had waxing or electrolysis in the last week?

What are your main concerns with your skin? (Example: Congestion, pigmentation, excessive oil, severe acne, sensitive, mature skin, dehydration, scarring, rosacea, other)

What are your skincare goals?

What is your current skin care regimen?

I understand that the skin care program must be used in accordance to the instructions and descriptions given to me by the licensed esthetician. I can experience varying degrees of redness, burning, peeling, itching etc., especially in the initial stages of the program, after a microdermabrasion, a peel, or dermaplaning. These symptoms are normal and will subside as my skin builds up tolerant. I understand that it is necessary to maintain the use of the skin care program over the long term in or in order to retain the benefits obtained in the early weeks of the program. I understand that multiple treatments may be required for optimal results. I will follow any home care post instructions. Because facials should not be performed under certain medial conditions, I affirm that I have stated all of my known medical conditions, or answered all questions asked of me honestly. I agree to keep the esthetician updated as to any changes in my medical profile and understand that there shall be no liability on the esthetician's part should I fail to do so. I further understand that I am paying for a treatment and not a result and that there will be no returns or exchanges for product given except at the discretion of the esthetician. Further, I understand that SKIN By Marlana reserves the right to refuse to administer services at their sole discretion. I have read and fully understand this form in it's entirety. If at any time there are changes in the information given, or my condition, I will notify my esthetician and update this information before receiving additional facials. I release SKIN By Marlana from all liability of any nature whatsoever, whether past, present, or future, for injury or damage which may occur to myself or my family as a result of my receiving facial or waxing services.

The information I have provided is accurate and true.

Signature:

Date:

SKIN
BY MARLENA
expose your beauty