

# ZK Skin Essentials

## Client Information

**Date:**

If you previously filled out this form: any changes since last visit? Yes No If changes please indicate changes on form.

**Name:** \_\_\_\_\_ **Gender: F M Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Preferred contact #** \_\_\_\_\_ **Email:** \_\_\_\_\_

May we leave a message if we do not reach you personally? Yes \_\_\_\_\_ No \_\_\_\_\_

**What are your top 3 concerns at this time?**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**Medical History:** (circle your choice)

Pregnant? Yes No Maybe N/A \_\_\_\_\_ Breastfeeding? Yes No N/A \_\_\_\_\_

Do you smoke? Yes No \_\_\_\_\_

Health conditions: \_\_\_\_\_

Past surgeries: \_\_\_\_\_

Have you ever been diagnosed with cancer? No Yes (date of last treatment) \_\_\_\_\_

Current medications: \_\_\_\_\_

Prescription topicals: \_\_\_\_\_

Allergies (include aspirin and iodine): \_\_\_\_\_

**Previous Treatments:** (please circle the items below that pertains to you)

Facials \_\_\_\_\_ Yes No Date: \_\_\_\_\_ Any complications: \_\_\_\_\_

Microdermabrasion \_\_\_\_\_ Yes No Date: \_\_\_\_\_ Any complications: \_\_\_\_\_

Microcurrent \_\_\_\_\_ Yes No Date: \_\_\_\_\_ Any complications: \_\_\_\_\_

Enzyme Treatment \_\_\_\_\_ Yes No Date: \_\_\_\_\_ Any complications: \_\_\_\_\_

Oxygen Treatment \_\_\_\_\_ Yes No Date: \_\_\_\_\_ Any complications: \_\_\_\_\_

Chemical Peel \_\_\_\_\_ Yes No Date: \_\_\_\_\_ Any complications: \_\_\_\_\_

Waxing \_\_\_\_\_ Yes No Date: \_\_\_\_\_ Any complications: \_\_\_\_\_

Tanning \_\_\_\_\_ Yes No Date: \_\_\_\_\_ Any complications: \_\_\_\_\_

Laser Therapy \_\_\_\_\_ Yes No Date: \_\_\_\_\_ Any complications: \_\_\_\_\_

Massage \_\_\_\_\_ Yes No Date: \_\_\_\_\_ Any complications: \_\_\_\_\_

Other Treatment: \_\_\_\_\_ Date: \_\_\_\_\_ Any complications: \_\_\_\_\_

**Skin Conditions:** (please circle the items below that pertains to you and describe where)

Skin Infection: \_\_\_\_\_

Sensitive/Irritated: \_\_\_\_\_

Rosacea: \_\_\_\_\_

Broken Capillaries: \_\_\_\_\_

Dry/Dull: \_\_\_\_\_

Excessive oil/Shine: \_\_\_\_\_

Aging Skin: \_\_\_\_\_

Spots/Pigmentation: \_\_\_\_\_

Herpes (cold sores): \_\_\_\_\_

Keloids/Excessive Scarring: \_\_\_\_\_

Sun sensitivity/Sun Damage: \_\_\_\_\_

Skin Cancer: \_\_\_\_\_

Poor Healing: \_\_\_\_\_

Tattoos/Permanent Makeup: \_\_\_\_\_

Easy Bruising: \_\_\_\_\_

Eczema: \_\_\_\_\_

Psoriasis: \_\_\_\_\_

Lymph Nodes Removed: \_\_\_\_\_

Diabetes: \_\_\_\_\_

**Skincare:** ( circle one)

What kind of skin do you feel or think you have? Dry Oily Normal Combination

What is your skin care routine? (indicate any cleansers, toners, serums, moisturizers, masques, etc.)

Morning: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evening: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ZK Skin Essentials Treatment Client's Consent

**Clients Name:** \_\_\_\_\_

Please Initials:

- I agree that the nature and purpose of the treatment has been explained to me and any questions I have regarding the treatment have been explained to my satisfaction.
  
- I understand that with any treatment certain risks are involved and that any complications from known or unknown causes could occur.
  
- I understand that possible side effects include, but are not limited to: mild to moderate redness, mild to moderate peeling or flaking, stinging, dry skin, tenderness, pimples, cold sores or allergic reactions. Most side effects are temporary and will dissipate within 3-7 days.
  
- I do not have active cold sores.
  
- I will call to inform my skincare specialist of any complications or concerns I may have as soon as they occur.
  
- I understand that it is recommended prior to having a facial infusion to not have used Retin A for 72 hours , Accutane in 6 month or have waxed 24 hours prior to receiving treatment.

**Clients Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Facial Treatments/Technical Notes:**

**Treatment Receiving today ( check one)**

European Facial

Aging With Grace Treatment

Microdermabrasion Brightening Treatment

stimulating)      Medi-Infusion Facial by Osmosis  
Treatment

Brightening Enzyme & Oxygen Facial

Microcurrent Lifting Treatment

Holistic Facial by Osmosis (calming or

Celluma LED Light

**Body Treatments:**

Back Acne Treatment

Back Microdermabrasion Treatment

Microdermabrasion for body parts

Body Sculpting Treatment

Body Massage with Infused Oils

Hand Rejuvenating Treatment

Enzyme Treatment for body parts

Notes:

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I have reviewed the treatment and post care instructions to the client stated above and answered any questions.

Technician Signature

Date:

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