



Answers to the following questions will be kept strictly confidential. These questions are compliant with Utah state regulations and help me better serve you in your sessions at In Your Face Esthetics. Thank You!

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

EMERG CONTACT: _____ PHONE: _____

How did you hear about us? _____

Are you over the age of 18? YES _____ NO _____ DATE OF BIRTH ____/____/____

*A copy of your photo ID is required.

GENERAL HEALTH

Diabetes, Heart Disease, Asthma, Hemophilia, Lupus? _____ If yes, please elaborate: _____

Any Autoimmune Disorders? _____ If yes, please elaborate: _____

What is your main occupation? _____

How often do you use a tanning bed or are exposed to direct sunlight? _____

Have you ever taken Accutane? _____ If yes, when was your last dose? _____

Are you pregnant or nursing? _____

Have you used any chemical peels, alpha-hydroxy or Retin A products in the last 2 weeks? _____

Have you consumed any blood thinners including aspirin or ibuprofen within the last 24 hours? _____

Have you eaten within the last two hours? _____

Current Medications (please include any over-the-counter medications): _____

Do you have any allergies or skin sensitivities (such as latex, iodine, lidocaine)? _____

Is there anything else you would like me to know? _____

I submit that all of the information provided by me is true and correct to the best of my knowledge. I also understand that some skin conditions may require more than one treatment and home care products to achieve the result desired. I hereby release In Your Face Esthetics and Mandy Meltzer from any liability pertaining to treatments, understanding that results can not be guaranteed due to individual skin type(s) and condition(s).

SIGNATURE: _____ DATE: _____