



Facial Consent Form

Name *

First Name

Last Name

Date *

Month Day

Year

When was your last facial? *

Are you currently

Pregnant

breast feeding

taking Birth Control

have any injuries

Botox fillers

taking Glycolic

AHA/BHA

Retin-A

Retinol

Adapalene

Accutane

Differin

Mandelic Acid

have cold sores

menopause

sunburnt

smoking

have cancer or systemic disease

high blood pressure

diabetes

arthritis

asthma
herpes or hepatitis
lupus
claustrophobia
depressed
have anxiety
migraines
wear contacts
using skin thinning products

Allergies?

Medication or vitamins:

Best Described Skin Type

sensitive
dehydrated
itchy eyes
rosacea
flaking
fine lines/wrinkles
oily t-zone
oily all over
open pores
whiteheads
blackheads
pustules
broken capillaries
freckles
underlying congestion
age or sun spots
easily burned
hyperpigmentation
dark circles around eyes
tired eyes
facial hair
dull
eczema
psoriasis

What are your skin care goals?

Expectations for today's treatment?

Had chemical peel, laser or microdermabrasion before?

yes
no

Get irritated from shaving?

yes
no

Do you exfoliate?

yes
no
sometimes

I knowingly and willingly consent to having skin care service(s) during the COVID-19 pandemic. *

by checking this box I understand and accept this statement.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it, and who does not give the current limits in virus testing. *

by checking this box I understand and accept this statement.

I confirm that I have or have not traveled domestically within the United States by commercial airline, bus or train within the past 14 days *

YES NO

I verify that I have not traveled outside the United States In the past 14 days to countries that have been affected by COVID-19 *

YES NO

I have read and filled out the information above. If I have any concerns I will address these to my therapist immediately. I give my therapist permission to perform any facial treatments and will

hold her and her staff harmless from any liability that may result from treatments. I also, to my best knowledge, given any accurate account of my medical history, including all known allergies or prescription drugs or products I'm currently ingesting or using topically. I understand my skin therapist will take every precaution to minimize or eliminate any negative reaction as much as possible. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that this document is to provide the best possible guest experience when receiving any treatment from the therapist signed below. *

by checking this box I understand and accept this statement.