

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____

Email: _____

Cell Phone: _____ Referred by: _____

Emergency contact name & number: _____

Would you like to be notified of special events and promotions? **Yes No**

Health History

Within the last year, have you been under the care of a dermatologist? **Yes No**

If **yes**, for what medical condition? _____

Please list any injuries, surgeries, or health conditions: _____

Do you smoke? **Yes No** Are you diabetic? **Yes No**

Do you wear contacts? **Yes No** Do you use sunscreen? **Yes No**

Do you have metal implants, a pacemaker or body piercings? **Yes No**

Are you currently using blood thinners? **Yes No**

Please list any known allergies: _____

Do you have any skin conditions on your face/body such as psoriasis or eczema? **Yes No**

If **yes**, please specify: _____

Do you have any of the following skin conditions on your face at this time? (circle all that apply)

- Broken skin Fragile capillaries Active herpes cold sores

Have you received a chemical peel, microdermabrasion, or skin resurfacing? **Yes No**

If **yes**, please indicate when: _____

What skin care products are you currently using:

- | | | |
|----------|-------------------------|--------------------------------------|
| Soap | Serum | Masks |
| Cleanser | Eye Cream | Exfoliator |
| Toner | Moisturizer (Day/Night) | Prescription products (please list:) |

What are your skin care goals? (please circle)

- maintain beautiful looking skin
- calm redness, sensitivity, and/or rosacea
- reduce signs of aging and dehydration
- reduce hyperpigmentation, sun damage
- combat acne, oily skin, and/or enlarged pores

Waxing Information

Have you ever been waxed before? **Yes No**

If **yes**, what areas: _____

Do you have any tendencies to any of the following? (circle all that apply)

- | | | | |
|---------------|-------------------|-------------|----------|
| Ingrown hairs | Hyperpigmentation | Bumps/hives | Bruising |
|---------------|-------------------|-------------|----------|

Are you currently using or have you used any of these products within the last 3 months? (circle all that apply)

- | | | |
|-------------------|---------------------------|-----------------------------------|
| Retin-A/Tretinoin | Daily dose (s) of Aspirin | Any form of Vitamin C |
| Renova/Tretinoin | Benzyoyl Peroxide | Glycolic, Salicyclic, Lactic Acid |
| Topical Cortisone | Hydroquinone | |

Are you taking Accutane? **Yes No** (If **yes**, your technician will not be able to perform any hair removal.)

Are you pregnant? **Yes No** Are you expecting or in a menstrual cycle? **Yes No**

Have had any of the following procedures? (circle all that apply)

- | | | |
|-------------------|---------------------------------------|------------------------|
| Chemical Peel | Laser Resurfacing | Removal of Skin Cancer |
| Microdermabrasion | Any other major exfoliation procedure | |

If **yes**, how long ago and on what area? _____

Please circle if you have had or currently have any of the following:

- | | | | |
|----------------|---------------------|------------------|------------|
| Diabetes | Dermal Abrasions | Warts | Cold Sores |
| Varicose Veins | High Blood Pressure | Poor Circulation | |

Please list ANY medications or supplements you are currently taking:

Have you had any recent sun or tanning bed exposure? **Yes No**

If **yes**, when: _____

I have read the information on the reverse side and recorded my medical history accurately with all my pertinent information. For future services, I agree to inform my esthetician/spa technician of any changes in my medical status/or the above information. I agree to hold La Faccia Bella and its employees harmless for the performances of these services. I understand spa services are not considered to be medical treatment, and such, the esthetician/spa technician cannot prescribe treatment of pharmaceuticals.

Cancellation policy: In order to provide optimal scheduling for all clients, La Faccia Bella requests a 24-hour cancellation policy for all spa appointments.

I understand that any comments or behavior deemed inappropriate by the service provider (illicit or sexually suggestive in nature) will result in the immediate termination of the session and I will be liable for payment of the scheduled service.

Signature (if under 18, parent/legal guardian must sign)

Date