Z-va Day Spa – Facial Client Intake Form

Personal Information: *(Please print clearly)*

Name _____ Date _____

Street Address _____

City: _____ State: _____ Zip: _____ Phone #: _____Cell #: _____ Carrier: _____

Email: _____ Would you like promotional Emails: Y / N

Birthdate: _____ Age: _____ Anniversary Date: _____ Occupation _____

Emergency Contact: _____ Phone: _____ Who do I thank for your referral? _____

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Medical History:

In order for me to plan a safe and effective facial or tinting session; I need some general information about your medical history.
Please answer the questions to the best of your knowledge.

1. What is your daily skincare regimen? _____

_____

2. What changes would you like to see in your skin? _____

_____

_____

3. How would you describe your skin?

( ) Normal	( ) Comedomes/Blackheads	( ) Acne-Scarred
( ) Oily	( ) Milia	( ) Large Pores
( ) Dry	( ) Cysts	( ) Small Pores
( ) T-Zone/Combination	( ) Acne Prone	( ) Rosacea
( ) Thick	( ) Break Outs	( ) Eczema
( ) Thin	( ) Sun-Damaged	( ) Freckled
( ) Saggy	( ) Uneven/Blotchy	( ) Wrinkled
( ) Firm	( ) Psoriasis	

4. Do you smoke or use tobacco? ( )Yes ( )No

5. On average, how many hours per week do you spend outdoors? _____

6. Have you ever had a body spa treatment before? ( )Yes ( )No

If yes, when? _____

7. Have you ever had any skin cancer? ( )Yes ( )No

If yes, please explain_____

8. In the past year, have you been under the care of a physician, dermatologist, or other medical professional? Yes No

If yes, please explain: _____

9. Are you pregnant or lactating? ( )Yes ( )No

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Please answer the questions to the best of your knowledge.

10. Do you wear contact lenses? ( )Yes ( )No

11. Do you currently have a sunburned/windburned/red face? ( )Yes ( )No
If yes, please explain: _____

12. Please list any prescription or over-the-counter medications you take regularly_____

_____

13. Do you use Retin-A, Renova, Accutane (isotretonin), Glycolic Acid, AHA, Salicylic Acid, or Retinol/Vitamin-A derivative products? ( )Yes ( )No If yes, describe: _____

14. Have you used acne medication(s)? ( )Yes ( )No
If yes, when and which medications? _____

15. Do you have regular collagen, Botox, or other dermal fillers? ( )Yes ( )No

16. Have you recently had laser resurfacing or facial surgery? ( )Yes ( )No

17. Do you develop cold sores/fever blisters? ( )Yes ( )No

18. Do you form thick or raised scares from cuts or burns? ( )Yes ( )No

19. What is your stress level? ( )High ( )Medium ( )Low

20. List your daily consumption of: Water _____ Caffeine_____ Alcohol _____

21. Have you been exposed to the sun or used a tanning bed in the last 48 hours? ( )Yes ( )No

22. How frequently are you exposed to the sun or use a tanning bed? ( )Frequently ( )Infrequently

23. Do you have a metal implants or wear a pacemaker? ( )Yes ( )No

24. Have you ever experienced claustrophobia? ( )Yes ( )No

25. Do you suffer from sinus problems? ( )Yes ( )No

26. Have you ever had an adverse reaction after using any skin care product? (Circle all that apply)
Rash Irritation Peeling Sun Sensitivity Breakout

27. Have you ever had an allergic reaction to any of the following? (Circle all that apply)
Milk / Apples / Citrus / Grapes / Aloe Vera / Aspirin / Perfumes / Latex / Mushrooms / Hydroquinone / Other _____

28. Is there anything else about your health history that you think would be useful for me to know in order to plan a safe and effective session for you? _____
_____

I, _____ (***print name***) affirm that I have stated all my known medical conditions, and answered all questions honestly and that it is my decision to receive facial services. 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.

Z-va Day Spa Cancellation Policy

If you call or email us ***24 hours prior*** *to your appointment, you* ***will not*** *be charged a rescheduling fee;*
If you are unable to give us 24 hours advance notice we reserve the right to charge you a minimum of a ***$25 fee*** *for your appointment time;*
If you arrive to your appointment with symptoms of the cold, flu, or any other contagious illness, you will be sent home and charged the $25 cancellation fee.
Please call to reschedule as soon as possible if you feel any signs of illness.
If you are unable to give us a minimum of 2 hours advance notice we reserve the right to charge you the ***full price of your appointment;***
This amount will be charged to your account at the time of your scheduled appointment.
If you are a ***"No-Show"*** *meaning you* ***have not called or emailed*** *us that you will not be here for your scheduled appointment*
You will be charged full price for the session

Signature of client _____ Date _____

Signature of Esthetician_____ Date _____