

Spa Haven

Client Name: _____ Birthday: _____
last first month/day/year

Client Address: _____ apt/unit _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

How did you hear about us? _____ Have you had a facial before? _____

YOUR HEALTH (fill in and/or circle answer)

1. Within the last year, have you been under a dermatologist or other physician's care? Yes No
2. Have you had any health problems in the past or present that I should be aware of? Yes No
3. Do you suffer from Diabetes? High Blood Pressure? Yes No
4. List any medications, vitamins, etc. that you take regularly: _____

5. Do you have any allergies? If yes, please specify: _____ Yes No
6. Do you wear contact lenses? Yes No
7. Do you have any metal implants, a pacemaker or body piercings? Yes No
8. Are you claustrophobic? Yes No

YOUR SKIN (fill in and/or circle answer)

9. What are your specific concerns/challenges with your skin? _____
10. What is one thing you would change about your skin? _____
11. What skin care products are you currently using?
Soap Cleanser Toner Moisturizer Masque Exfoliator Eye Products Serums
Nothing Glycolic Acid Lactic Acid Vitamin A derivatives (Retinol)
12. Have you ever had chemical peels, microdermabrasion, or any resurfacing treatments? Yes No
13. Do you ever experience these conditions on your skin? Flakiness Tightness Obvious Dryness
14. What SPF do you wear on your face? _____
15. Do you burn easily in moderate sunlight? Yes No
16. Do you have a tendency to redness? Skin sensitivity? Yes No
17. Do you suffer from sinus problems? Yes No
18. Do you ever experience burning, itching or stinging sensations on your skin? Yes No

Female Clients ONLY- are you pregnant? Taking oral contraceptive? Are you lactating? Yes No

I confirm (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment. I consent to the treatment my esthetician and I decide is best for my skin and condition (facial, dermaplaning, microdermabrasion, chemical peels, services provided by Spa Haven) If any of my answers above change, I will notify my esthetician.

Client Signature: _____ Date: _____

700 Overlook Drive, Winter Haven, FL 33884

Esthetician: _____