Bellus Tu Skin Therapy

Esthetics Intake Form

GENERAL INFORMATION

Name:	Today's Date:	Occupation:	
Address:	City:	Province:	Postal Code:
Phone #:	Date of Birth:	Email:	
Emergency Contact:	Phone #:	How did you hear about us?	
Preferred Method of Communication: ☐ Email	☐ Phone	Name of Person Who Referred You:	

GENERAL HEALTH

Rate your level of Stress *(1 = lowest; 5 = highest)*: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What physical activities do you enjoy?

Do you wear contact lenses? ☐ YES ☐ NO | Are you claustrophobic? ☐ YES ☐ NO

Please list any accidents or surgeries in the past 12 months:
(if you have had surgery in the past 12 months)

Do you have? Metal Implants ☐ YES ☐ NO | Pace Maker ☐ YES ☐ NO | Body Piercings ☐ YES ☐ NO

List any medication(s)/supplement(s) you are taking:

Are you currently taking? ☐ Antibiotics ☐ Birth Control ☐ Hormone Replacement ☐ Blood Thinners

HEALTH HISTORY – *Please check here if none apply* ☐

☐ Arthritis	☐ Facial Warts	☐ Herpes Simplex Virus	☐ MRSA	☐ Citrus Allergy
☐ Rosacea	☐ Sun Burn/Allergy	☐ Eye Infection/Disorder	☐ Smoker	☐ Sulfates/Sulfur Allergy
☐ Lupus/Autoimmune	☐ Headaches	☐ Heart Disease	☐ Diabetes	☐ Sciatica
☐ Soy Allergy	☐ Wheat Allergy	☐ Nut Allergy	☐ Seaweed Allergy	☐ Eczema
☐ Psoriasis	☐ Other			

Have you ever been diagnosed with Cancer? ☐ YES ☐ NO | Are you pregnant or trying to become pregnant? ☐ Yes ☐ NO

Any other medical conditions or concerns we need to know about? Explain:

SKIN CARE

Are you currently under the care of a Dermatologist? ☐ YES ☐ NO

Do you use any of the following topical products?	☐ Accutane	☐ Retin A/Stiva A	☐ Isotretinion	☐ Adapalene	☐ Differin
	☐ Vitamin C	☐ Tretinoin/Avita	☐ Scrub/Peel		

☐ Other prescription topical skin products. Please be specific:

Have you had any of the following? ☐ Chemical Peel	☐ Botox	☐ Microderm	☐ Dermal Filler	☐ Permanent Cosmetics	

☐ Other resurfacing treatments. Please be specific:

Any serious side effects? ☐ YES ☐ NO If YES, please specify:

Are you currently using any products that contain the following?	☐ Glycolic Acid	☐ Lactic Acid	☐ Hydroxy Acid	☐ Vitamin A	☐ Vitamin C

Have you had an allergic reaction to any waxing or skincare products? ☐ YES ☐ NO | Explain:

SKIN MAINTENANCE

Skin Condition/Type:	☐ Oily/Congested	☐ Dry/Dehydrated
☐ Sensitive/Redness	☐ Acne/Breakouts	☐ Sunburned

Have you been tanning in the last 24 hours? ☐ YES ☐ NO

In the last week have you had?	☐ Waxing	☐ Laser	☐ Electrolysis

Do you use sunscreen? ☐ YES ☐ NO | If so, what SPF?

What are your primary skin care goals? ☐ Anti-Aging

☐ Sensitivity	☐ Acne/Breakouts	☐ Brightening/ Lightening

Comments:

PRODUCTS USED – List Brand and Frequency of Use

	Brand	Frequency
☐ Soap/Cleanser		
☐ SPF		
☐ Toner		
☐ Exfoliator		
☐ Masque		
☐ Moisturizer		
☐ Serum		

Please turn over →

Esthetics Client Intake Form

It is my choice to receive spa treatments, including facials, peels, LED, microdermabrasion or hair removal/waxing. I understand that the skin care and waxing program must be used in accordance to the pre/post care instructions and descriptions given to me by the service provider. I understand that I may experience varying degrees of redness, burning, peeling, itching, etc., especially in the initial stages of the treatment program. These symptoms are often normal and will eventually subside as the skin builds tolerance. I understand that it is necessary to maintain the use of the skin care program over the long term in order to retain the benefits obtained in the early weeks of the treatment program. Because facials should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions or answered all questions asked of me honestly. 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. I further understand that I am paying for a treatment and not a result and that there will be no returns, refunds or exchanges for product given. Further, I understand that reserves the right to refuse to administer services at their sole discretion. I have read and fully understand this form in its entirety. If at any time there are changes in the information given, or in my condition, I will notify my Esthetician and update this form before receiving additional facials or waxing.

If I am unable to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone, unless I have an emergency. In this case I will call ASAP to reschedule my appointment. If I miss a scheduled appointment without giving 24-hour notice, I agree to pay the missed appointment fee that applies. ***Initial Here:*** _____

I understand that any illicit or sexually suggestive behaviour, remarks or advances made by me will result in the immediate termination of the session and I will be liable for payment of the scheduled service. Further, I understand that reserves the right to refuse to administer services at their sole discretion. I have read and fully understand this form in its entirety. I hereby release the practitioners, and their insurers, and their respective officers, directors, stockholders, successors, employees, franchisor and agents from all liability of any nature whatsoever, whether past, present, or future, for injury or damage which may occur to myself or my family as a result of my receiving massage, skin care (facials, peels), microdermabrasion or hair removal services.

I understand that I may disrobe to my comfort level. Some waxing services require the Esthetician to touch and treat sensitive areas such as breast tissue, genitals, buttocks and inner thighs. I acknowledge that I can withdraw from my service or alter my consent at any time. ***Initial Here:*** _____

I hereby state that the information I have provided is accurate and true.

_____ _____

Client Signature **Date**

Consent to Treatment of Minors: By my signature below, I authorize ***administer facial / waxing services to my minor child or dependent as they deem necessary or proper.***

SIGNATURE: _____ ***DATE:*** _____

_____ _____

Esthetician Signature **Date**