



DESERT PALM ESTHETICS

First & Last Name:

DOB:

Cell Phone:

E-mail:

Are you currently being treated by a dermatologist?

☐

No

☐

Yes

If yes, what for?

Do you currently use any of the following?

☐

Accutane/Isotretinoin

☐

Retin-A

If yes, when was the last time you used it?

If you have any metal implants please list where:

Allergies/Sensitivities:

☐

Shellfish

☐

Asprin

☐

Latex

☐

Food (please list)

☐

Plant (please list)

☐

Fragrance

Other:

Do you take any supplements, medications, or vitamins? Please List:

Are you Pregnant?

☐

No

☐

Yes

Are you Nursing?

☐

No

☐

Yes

Are you on Birth Control?

☐

No

☐

Yes

Have you had any botox, filler, or permanent cosmetics in the last 2 weeks?

☐

No

☐

Yes

Are you okay with being photographed throughout the treatment?

☐

No

☐

Yes

Please mark any conditions:

☐

Thyroid Condition

☐

Epilepsy

☐

Cancer

☐

Prone to cold sores

☐

Diabetes

☐

Heart

Other:

Tell me about your skincare goals/concerns::

other side



R E S U L T S

I acknowledge that there is no guarantee that my desired results will be achieved and are dependent on age, skin condition, lifestyle, and homecare. I acknowledge that homecare is essential and it is necessary to follow to achieve results and to protect myself. I also understand that I may need additional treatments to reach my goals.

A C K N O W L E D G E M E N T

I acknowledge that I am responsible for my own health. I have given an accurate account of my medical history including allergies, medication, and current home care products. Pre-existing conditions can affect the result or even comfort of certain treatments. Caution is required as some conditions are contraindicated for certain treatments that are preformed here at Desert Palm Esthetics. I understand that I am responsible for discussing any questions I might have concerning my health conditions. Desert Palm Esthetics are not health care practitioners and cannot be expected to diagnose and/or treat individual health problems. I realize Desert Palm Esthetics is NOT responsible for any claims, liabilities, or damages for personal injuries as I may experience directly or indirectly from receiving treatments and/or utilizing Desert Palm Esthetics' facilities.

Client Signature

Date

Printed Name

Date

Parent/Guardian Signature (if under 18)

Date