

Beauty By Ash- Headspa
Client Consultation and Intake Form

Name: _____ Date of birth: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Who referred you? _____

Skin care goals and concerns: _____

Scalp goals and concerns: _____

Do you have a more dry or oily scalp? Dry / Oily / Both

Is this your first headspa? Y / N

Do you mind if water gets in your ears? Y / N

Have you waxed any facial area in the past 24 hours? Y / N

Do you use Retin-A? Y / N When was the last time? _____

Retin-A before a facial makes skin more sensitive, increasing the risk of irritation, redness, and burning during the treatment.

Do you have any allergies or sensitivities? Y / N If yes, please list:

Anything else you want me to know about your health or skin?

I understand that the Head Spa treatment involves various techniques and products designed to promote scalp health, improve circulation & enhance relaxation. These may include but are not limited to: Scalp massage, application of oils, creams or other products to the scalp, steam therapy, use of specialized tools for scalp stimulation. I acknowledge that while the Head Spa treatment is generally safe, there may be risks associated with it, including but not limited to, skin irritation or allergic reactions to products, discomfort or pain during the treatment, rare incidences of adverse reactions to massage or stimulation techniques. I understand that it is my responsibility to inform the staff member performing the treatment of any allergies, sensitivities, or medical conditions that may affect my ability to safely undergo the treatment. I acknowledge that the treatment process has been explained to me, including any potential risks, and has answered all my questions to my satisfaction. I consent to receiving the Head Spa treatment, understanding the risks involved and release Beauty By Ash, Ashlyn Smith, and staff from any liability associated with the treatment. I understand that clients with hair extensions, are accepted but release Beauty By Ash, Ashlyn Smith, and staff from any damage that may be done to the hair extensions during the treatment. I also understand the scalp massage to be a lighter than usual to protect your extensions. I understand that clients will be asked to remove makeup and jewelry before the session and release Beauty by Ash, Ashlyn Smith, and staff from any liability to any jewelry if the client declines to remove it. I understand that heat, water, and products can come in contact with tattoos and release Beauty By Ash, Ashlyn Smith, and staff from any liability to any tattoos that may fade or change color.

Client Signature : _____ Date: _____

Disclaimer: Our cosmetologist(s) and staff reserve the right to refuse services if they identify any contraindications based on the client's responses or if they observe any of the following issues during the pre-service skin analysis. Active infections: Boils, impetigo, staph infections, mouth cold sores, herpes outbreaks. Open wounds: Cuts, abrasions, recent surgical incisions. Severe acne with inflammation: Large, painful, pus-filled pimples. Undiagnosed skin conditions: Any skin concern that hasn't been evaluated by a dermatologist. Severe rosacea flares: Visible redness, flushing, and burning sensations. Contagious skin diseases: Ringworm, scabies, molluscum contagiosum. Recent cosmetic procedures: Laser resurfacing, chemical peels (within the healing period) Sunburn: Severe sunburn with blistering or peeling skin. I have read and completed this questionnaire truthfully. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive are voluntary and I release the company and/or skin care professional from liability.

Client Signature : _____ Date: _____

To be treated as a client of Ashlyn Smith, you must adhere to the following:

1. **Credit card is required to schedule.** A credit card is required to schedule appointments and is like an insurance that you will show up. You will be charged if you miss your appointment or give less than 24 hours' notice.
2. **Confirm your appointment.** I will text or call you 1-2 days prior to your appointment to confirm with you. You have a chance to reschedule at this time. It is your responsibility to make sure I have your current phone number(s) on file in order to confirm your appointment.
3. **Arrive on time.** I reserve the right to reschedule your appointment or cut your time short if you arrive late. If I reschedule your appointment due to your tardiness, it will be considered a Broken Appointment.
4. **Give at least 24-hour notice of cancellation.** If you must change your appointment, I require at least 24-hour notice to avoid a cancellation fee. The fee is per hour and based on the amount of the scheduled time. (For example: If you scheduled one hour and the price is \$85, the cancellation fee is \$85). Cancellations in less than 24 hours, notifying the "day of", and "No-shows" will be responsible for the full value of the scheduled appointment. The charges will go on the credit card you gave when scheduling your appointment or you can pay by cash.
5. **"No-shows" and Broken Appointments.** After two broken appointments, clients will no longer be permitted to schedule appointments in advance without pre-payment. I value your time and I deserve the same respect. After first broken appointment that is not paid for, you will be dismissed from my practice.
6. **Dismissal from Beauty By Ash Headspa.** I reserve the right to dismiss a client if needed without reason or cause.

I have read and understand the above policies and will adhere to them to remain a client of Ashlyn Smith.

Client Signature: _____ Date: _____