

SPECIAL TEE Make-Up

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Referred by _____ Date of Birth _____

Have you ever had a facial in the past? _____ Yes _____ No

Have you seen a doctor in the past year for a skin disorder? _____ Yes _____ No

If yes, please explain: _____

Are you currently under a doctor's care? _____ Yes _____ No

If yes, please explain: _____

Are you currently taking any prescription drugs? _____ Yes _____ No

If yes, please list: _____

Are you...pregnant? ___ Yes ___ No ... diabetic? ___ Yes ___ No... smoker? ___ Yes ___ No

Do you presently have.... _____ Any viral disease (cold, flu, etc) _____ Sinus infection

Do you or have you ever had.... (check all that apply)

_____ Cancer _____ Enlarged lymph nodes _____ Thrombosis _____ Active immune deficiency issues

_____ Acne _____ Eczema _____ Dermatitis _____ Seborrhea _____ Psoriasis _____ Herpes Simplex

Do you have any allergies? _____ Yes _____ No

If yes, please explain: _____

Have you reacted unfavorably to coconut, any plant or honey-based ingredient? ___ Yes ___ No

If yes, please explain: _____

Are you wearing contact lens? _____ Yes _____ No

Contact case and solution are available if you would prefer to remove them.

Over —>

Please tell me about your skin care regimen:

PRODUCT	USE	BRAND NAME	PRODUCT	USE	BRAND NAME
Cleanser	AM/PM		Exfoliator	AM/PM	
Toner	AM/PM		Masque	AM/PM	
Moisturizer	AM/PM		Sunblock #	AM/PM	
Treatment	AM/PM		Retinoid	AM/PM	
Treatment	AM/PM		Alpha Hydroxy	AM/PM	
Eye Cream	AM/PM		Skin	AM/PM	

My mission is to provide the highest quality of service in a relaxing atmosphere. Clients should also understand that the purpose of the facial service is for relaxation and help your skin feel clean and rejuvenated. If you experience any discomfort during session please inform me immediately. You should further understand that the facial service should not be construed as a substitute for medical examination, diagnosis, or treatment and that you should see a physician, dermatologist or other medical specialist for any medical or physical conditions. It is your responsibility to inform SpecialTee Make-up of any or all allergies or skin conditions that could conflict with the facial service. It is also your responsibility to inform of any changes to your health or medication that you begin. There shall be no liability on practitioner's part should you fail to do so.

APPOINTMENT POLICY

You may cancel your appointment without charge 24 hours in advance for all services performed within SpecialTee Make-up. This is a courtesy to the other guests and Tee who is reserving time specifically for you.

Same day cancellations will be charged 50% of the scheduled service price.

Appointment reminders are provided via text messaging and e-mail, however, we will not be held responsible for technological difficulties.

Please write your appointment time down in a secure location.

If you do not call to cancel your appointment at least 2 hours prior to the scheduled time or do not show up for your scheduled appointment, you will be charged full price for the service.

By signing this form, you are agreeing to these terms and conditions.

Signature_____

Date_____