Be Well Massage Skin Care Spa

Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

E-Mail: _____ Phone: _____

How did you hear about us? _____

What are your skincare goals? _____

Date of last professional skincare treatment: _____

Have you had a chemical peel, laser/IPL, or manual exfoliation in the past 30 days? **Yes / No**

Have you had cosmetic injections: Botox/Dysport, Restylane/Juvederm, Collagen, etc.? **Yes / No**

When was your last cosmetic injection? _____

Have you had any recent facial surgeries? **Yes / No** When? _____

Do you use Retin-A, Renova, or similar product containing retinol? **Yes / No**

Are you currently on any acne medications? **Yes / No** Describe: _____

Have you ever used Accutane or Isotretinoin? **Yes / No** When? _____

Do you have any illness and/or condition that a medical professional is treating you for? i.e. Metal-Implants, Pacemaker, Diabetes, Cancer, Epilepsy, Autoimmune Disorder, STD, etc.

If yes, please describe: _____

_____

Please list any medications, prescriptions, over-the-counter, supplements you are taking:

_____

_____

Please list any allergies you have: _____

_____

Are you pregnant or trying to become pregnant? **Yes / No** Due Date? _____

Do you ever experience?

___ Flushing/Redness ___ Burning/Tingling ___ Itching ___ Tightness

CONTINUES ON BACK

What concerns do you have regarding your skin?

___ Breakouts/Acne ___ Liver Spots/Age Spots ___ Sensitivity ___ Dull/Dry Skin

___ Blackheads/Whiteheads ___ Wrinkles/Fine Lines ___ Rosacea ___ Flaky Skin

___ Excessive Oil/Shine ___ Uneven Skin Tone ___ Broken Capillaries

___ Other: _____

Describe your skin care regimen using products, brands and how often you use them.

Cleanser: _____

Toner: _____

Exfoliant/Scrub: _____

Serum: _____

Eye Cream: _____

Moisturizer: _____

SPF: _____

Other: _____

Do you practice outdoor or indoor tanning? **Yes / No** How often? _____

Are you frequently outdoors? **Yes / No** How often? _____

Have you ever had an adverse reaction to a skin care product? **Yes / No**

If yes, please describe: _____

_____

Please read and initial the following.

_____ **Cancellation Policy**: A cancellation or no-show affects your provider. Please keep in mind when you must cancel an appointment we need at least 24 hours notice. Rarely are we able to fill a cancelled session with less than 24 hours notice. If you are unable to provide at least 24 hours notice you will be charged the full fee for your session unless we are able to fill your spot with another client. The only time we will waive this fee is in the event of serious/ contagious illness or emergency. Thank you in advance for understanding.

_____ **Late Arrivals** will result in a shortened session. Efforts will be made to provide the full treatment time, if the esthetician's schedule permits.

*I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal, or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received, as well as put myself and my estheticians at risk of infection. The treatments I receive here are voluntary and I release Be Well Massage Skin Care Spa and its estheticians from liability and assume full responsibility thereof.

Signature: _____ Date: _____