

What skin care products are you currently using?

Soap Cleanser _____ Toner/Moisturizer _____ Masque _____
Exfoliator _____ Eye Products _____ Other _____

Please initial the following statements indicating your understanding:

____ If I experience any pain or discomfort during this session, I will immediately inform the esthetician so that the session may be adjusted to my level of comfort. I further understand that esthetics should not be considered as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that licensed estheticians are not qualified to diagnose, prescribe, or treat any physical or mental illness, and nothing that is said during the session given should be construed as such. Because esthetics should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep Stirling Skin Care Clinic and the Esthetician updated as to any changes in my medical profile and understand that there shall be no liability on Stirling Skin Care Clinic or its Esthetician.

Cancellation/ No Show Policy

In our commitment to provide an outstanding experience to all of our clients and OUT OF CONSIDERATION FOR OUR CLIENT'S AND PROVIDER'S TIME, we have adopted the following policies, as of January 1st, 2020:

____ Cancellation/No Shows: At Stirling Skin Care Clinic we understand that unanticipated events occur in everyone's life. To provide excellent services to our clients, we kindly ask if you are unable to make your appointment, please give us a 24-hour notice. If you "NO SHOW" to your appointment, and fail to notify us 24 hours ahead, you will be charged a 25% fee of the scheduled appointment (due prior to rescheduling). This policy will be implemented, after your second "NO SHOW" appointment. *For Package Clients, if it is a package scheduled appointment you will forfeit 25% of the amount of the appointment, if you cancel less than 4 hours prior to your appointment. If you "NO SHOW" you will forfeit the amount of the scheduled treatment.

____ Reminder Calls/Cards: Our clinic offers courtesy reminder calls and text messages the week before, two days before, and the previous business day before your scheduled appointment. If you confirm any of those reminder calls/texts you will not receive any other reminder for that one appointment. Please provide us with the best number to reach you. It is the client's responsibility to make sure we have updated contact information. We also offer a dated card to remind you of each appointment.

____ Arrival to the Clinic: Please arrive 5 minutes prior to your appointment. This allows you the time to fill out the appropriate client form, or change and prepare for the service. All services offered have a specific time scheduled and your early arrival allows for a relaxed and unhurried experience.

____ Late Arrival Policy: If a client arrives late 5 minutes or more for a 15-minute appointment or 15 minutes or more for a 30 minute or longer appointment, the client will be asked to reschedule. In special cases, and if our schedule allows it, we may be able to accommodate a partial appointment. This will be at our discretion and with advanced notice of the late arrival.

Photo Consent

____ I grant permission to Stirling Skin Clinic to use photographs and/or videos of me for education purposes.

____ I grant permission to Stirling Skin Clinic to use photographs and/or videos of me for in publications, news releases, social media and in other communications related to the mission of Stirling Skin Care Clinic.

Client Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____