

Skin Assessment and Analysis Form

Name: _____, **DOB:** _____

Medical History:

Do you have any known allergies? _____

Are you currently taking any medications? _____

Have you had any recent surgeries or medical treatments? _____

Chronic health conditions? (Diabetes, Hypertension, Other _____)

Any skin conditions or diseases? (Eczema, psoriasis, acne, Other _____)

Lifestyle and Habits:

How would you describe your daily water intake? (Low, Average, High)

Do you smoke or use tobacco products? (Yes, No)

How often do you consume alcohol? (Rarely, Occasionally, Frequently)

How many hours of sleep do you get on average each night? _____

Describe your stress level (Low, Moderate, High)

Skin Type and Concerns:

What's your skin type? (Normal, Dry, Oily, Combination, Sensitive)

Primary skin concerns? (Acne, Wrinkles, Hyperpigmentation, Dryness, Other _____)

Do you experience any of the following? (*Check all that apply*):

☐ Redness, ☐ Flaking or peeling, ☐ Tightness, ☐ Oiliness, ☐ Sensitivity,
☐ Acne or breakouts, ☐ Scarring, ☐ Dark spots or pigmentation, ☐ Fine lines or wrinkles

Current Skincare Routine:

List the products you currently use (cleanser, toner, moisturizer, sunscreen, etc.): _____

How often do you exfoliate your skin? (Never, Occasionally, Regularly)

Professional Treatments:

Have you received any professional skincare treatments in the past?
(Facials, Chemical Peels, Laser Treatments, Other _____)

Are you currently undergoing any dermatological treatments? (Yes/No)

Goals and Expectations:

What are your skincare goals and expectations from the treatment(s)?

Are there any specific concerns or areas you would like to address?

Additional Comments or Concerns: _____

Client Certification and Signature:

By signing below, I certify that the information provided above is accurate and complete to the best of my knowledge. I understand that this information will be used to tailor my skincare treatments and any omissions or inaccuracies may affect the outcome.

Client Signature: _____, **Date:** _____

Provider Signature: _____, **Date:** _____

ESTHETICS PRE/POST CARE & CONTRAINDICATIONS

Name: _____, **DOB:** _____

Phone: _____, **Emergency Contact Name & Phone:** _____

Health and Treatment History:

In the last year, have you been under a dermatologist's or physician's care?

Yes / No (If yes, provide details: _____)

Do you have any metal implants, a pacemaker, or body piercings?

Yes / No (If yes, provide details: _____)

Have you had chemical peels, microdermabrasion, or any resurfacing treatments recently? **Yes / No** (If yes, provide details: _____)

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

1st Time Clients: May be asked to bring in products they currently use.

Accutane (Prescription Oral Vitamin A for Cystic Acne): No facial for 6 months after the last dose.

Active Infection on Face: No treatment if there's an active infection.

Antibiotics: Beware, can make skin more sensitive.

Allergies: Essential oils, seafood, aspirin (use of salicylic acid not recommended).

Aspirin/Ibuprofen: Thins the blood, may interfere with clotting.

Birth Control Pills: Hormones may cause melasma.

Botox/Fillers: Wait 2 weeks after treatment.

Cancer: Use safe products, avoid anything that may cause micro-trauma; no microneedling unless cleared by a doctor. Have them get a signed paper if possible; offer a very basic facial, no peels.

Coffee: 1 cup needs 2 cups of water to rebalance hydration.

Cold Sores/Herpes: Make sure there's no current breakout; warn that a facial may cause a breakout.

Diabetes: Ensure it's under control.

Diet: Vegan clients beware of milk products and honey; gluten-free clients need appropriate products.

Exercise: Sweating can cause acne; exercise moves the lymph and circulation.

Fish Oil: May cause blood thinning.

CLIENT SIGNATURE & DATE: _____

Glycolic/Salicylic Acid: Wait 5 days after discontinuing use to receive a facial.

Pacemaker/Dental Implants: No electrical devices.

Permanent Makeup: Wait 2 weeks after the procedure.

Pregnant/Planning to Be: We recommend coming back after delivery.

Retin-A/Tretinoin: Vitamin A derivative, helps create collagen but is ultra-exfoliating. Beware, wait at least 5 days before a peel.

Seizure Disorders: No LED, no dermaplaning.

Smoking History: Impaired wound healing.

Soap: pH is off; soap leans toward alkaline. Skin is naturally a little acidic; soap strips natural oils and protective barriers, making it more difficult to fight off bacteria and pathogens over time, causing skin sensitivity.

Sun Exposure/Tanning Bed: Warning for glycolic peel.

ELECTRICAL DEVICES CONTRAINDICATIONS: Uncontrolled diabetes, epilepsy, pacemakers, pregnancy, electro-phobia, cuts, abrasions, open sores, infection, asthma, metal implants, pins, plates, jewelry, loss of skin sensation, high blood pressure.

LED RED LIGHT THERAPY CONTRAINDICATIONS: Epilepsy, photo allergy, photo-sensitive medication. Be careful with tretinoin (wait 5 days).

WAXING- PRE-CARE: Hair trimmed ¼ in, exfoliate area to be waxed prior to appointment to reduce ingrown hairs, caffeine intake before waxing may increase sensitivity, avoid aspirin/ibuprofen can interfere with blood clotting, avoid lotions and moisturizers day of waxing. **WAXING-POST-CARE:** Avoid Saunas, Jacuzzis, Heat Sources, Working Out Post-Waxing. **WAXING CONTRAINDICATIONS:** Moles, Skin Tags, Open Lesions, Thin Skin, Acne, Rosacea, Irritated Windburn, Sunburn, Chapped Skin, Use of Antibiotics, Blood Thinning Disorders or Medication, Epilepsy, Uncontrolled Diabetes, Varicose Veins in region being waxed. Wait 6 mos -1year after discontinuing Accutane (Vit A), Recent AHA/BHA Peels 7days, Physician Peel 1 year, Fillers & Lasers (Wait 3-5 days), Microdermabrasion 7days. Clients should discontinue use 1-2 wks before and 3-4 days after wax when using these prescriptions: Adapalene, Alustra, Avage, Avita, Differin, Isotretinoin, Renova, Retin A, Tazarac, Tazarotene, tretinoin, Hydroquinone, Trilumena, Benzoyl Peroxide.

CLIENT SIGNATURE & DATE: _____

NANO/ COSMETIC MICRONEEDLING - Pre/Post Care & Contraindications

PRE-CARE: Wash your face before arrival and come makeup-free. If you have sensitive skin, arrive 10 minutes early to apply numbing cream.

POST CARE:

Dryness: Trans Epidermal Water Loss and dryness are normal. Avoid applying makeup after this service (1-3 days). SPF can be applied the next day.

Immediate Aftercare: Skin may feel itchy or sunburned right after nano/ cosmetic microneedling. Use a cold compress, ice roller, or globes. Apply aloe or hyaluronic acid. If itching persists, consider taking an anti-histamine. This should improve by the next day.

Ongoing Care: For 3-6 days, skin may feel tight and dry. Use a heavier moisturizer. Clients can return to their regular skincare routine starting on day 2 after nano/ cosmetic microneedling. Peeling may occur on days 4-7.

Avoidances: Avoid alcohol toners for 10-14 days. Avoid direct sun exposure for 10-28 days (cosmetic/medical). Wear SPF, a broad-brimmed hat, or a scarf to protect your skin.

CONTRAINDICATIONS:

Medications & Supplements: Accutane (6 months), Photosensitivity Rx & Supplements (Acne Rx, Tretinoin (Vit A), Antibiotics, NSAIDs, St. John’s Wort, Minoxidil, Pyridoxine (Vit B), Dong Quai, Hypertension Rx, Antihistamines, Thyroid Rx, Birth Control, HRT—wait until finished with medication or has stopped for 3-5 days)

Recent Procedures: Recent Fillers (2 weeks), Recent Waxing or Exfoliants (3 days)

Health Conditions: Impaired Wound Healing (Uncontrolled Diabetes, smoking), History of Keloid Scarring, Fungal Infections, Blood Thinners, Nursing/Pregnant, Cancer/Chemotherapy, Active Acne, Nickel Allergy (Needles), Psoriasis, Severe Solar Keratosis, Raised Moles/Warts, Active Pustular Rosacea, Allergies (Histamine Release)

Recent Surgeries: Recent Facial Surgeries (6 months)

Other Considerations: Botox (48 hours), Risk of bleeding & hyperpigmentation caution when using: Vit E, Omega 3, Ginkgo Biloba, Garlic, Ginseng.

Please follow these guidelines carefully to ensure the best results from your nano/ cosmetic microneedling treatment. If you have any questions or need further information, feel free to ask!

Client's Signature: _____ **Date:** _____

Esthetician's Signature: _____ **Date:** _____

Notes: _____

DERMAPLANING - Pre/Post Care & Contraindications

PRE-CARE: Discontinue the use of Vitamin A (Retin A, Retinol) Products, AHAs, BHAs, waxing, exfoliants at least 2-5 days prior depending on use, strength, exfoliant. Wait 1 week for 1 st time clients.

POST-CARE: Avoid applying makeup after dermaplaning. This is a great time to wash all makeup brushes or sponges.

Makeup tools hold a lot of bacteria. Not recommended to workout or go in sauna after dermaplaning. Heat and perspiration may be irritating. If client has a trip coming up or an event where they will be exposed to the sun for a prolonged period of time, they should wait until after the trip or event to do this service. Clients are more susceptible to sunburn after dermaplaning.

CONTRAINDICATIONS: Rosacea, Blood Thinning Medications, Recent Facial Waxing, Recent Chemical Exfoliants, Cold Sores, Clients Who Will Not Wear SPF, Sun/Windburn, Hirsutism, Dark Coarse Hair, Recent Facial Surgery, Taking Accutane (6mos.), Skin Tags & Excessive Moles, Psoriasis, Eczema, Photosensitizing Medication, Use caution with Antibiotics

Client's Signature: _____ **Date:** _____

Esthetician's Signature: _____ **Date:** _____

Notes: _____

Waxing - Pre/Post Care & Contraindications

PRE-CARE: Ensure hair is trimmed to ¼ inch. Exfoliate the area to be waxed prior to the appointment to reduce the risk of ingrown hairs. Avoid caffeine intake before waxing, as it may increase sensitivity. Avoid aspirin/ibuprofen, as they can interfere with blood clotting. Refrain from using lotions and moisturizers on the day of waxing.

POST-CARE: Avoid saunas, jacuzzis, and other heat sources after waxing. Refrain from working out post-waxing.

CONTRAINDICATIONS: Moles, skin tags, open lesions, thin skin, acne, rosacea, irritated, windburned, sunburned, or chapped skin.

Use of antibiotics, blood thinning disorders or medications, epilepsy, uncontrolled diabetes, varicose veins in the region being waxed.

Wait 6 months to 1 year after discontinuing Accutane (Vitamin A).

Avoid waxing within 7 days of recent AHA/BHA peels, within 1 year of a physician peel, and 3-5 days after fillers and lasers.

Wait 7 days after microdermabrasion.

Prescription Guidelines: Clients should discontinue the use of the following prescriptions 1-2 weeks before and 3-4 days after waxing: Adapalene, Alustra, Avage, Avita, Differin, Isotretinoin, Renova, Retin-A, Tazarac, Tazarotene, tretinoin, Hydroquinone, Trilumena, Benzoyl Peroxide.

Client's Signature: _____ **Date:** _____

Esthetician's Signature: _____ **Date:** _____

Notes: _____

Advanced Esthetics Liability Waiver

Name: _____ **DOB:** _____

Services Included:

Dermaplaning, Microneedling, Nanotechnology, Waxing

Acknowledgment of Risks and Consent to Services

I, _____ (hereafter referred to as "Client"), acknowledge that I have voluntarily elected to receive one or more advanced esthetics services from _____ (hereafter referred to as "Provider"). These services may include dermaplaning, microneedling, nanotechnology, and/or waxing. I understand and agree to the following:

Dermaplaning:

This procedure involves the use of a sterile surgical scalpel to gently "shave" the skin's surface, removing the top-most layer of dead skin along with fine vellus hair (peach fuzz). Potential risks include, but are not limited to: skin irritation, redness, breakouts, cuts or nicks, infection, and scarring.

Microneedling:

This procedure involves using fine needles to create hundreds of tiny, invisible micro channels in the top layer of skin.

Potential risks include, but are not limited to: pinpoint bleeding, bruising, infection, scarring, hyperpigmentation, and discomfort.

Nanoneedling:

This procedure involves the use of tiny silicone or stainless steel cones to improve skin texture, tone, and product absorption at cellular level.

Potential risks include, but are not limited to: skin irritation, allergic reactions, infection, and unknown long-term effects.

Waxing:

This procedure involves the removal of hair from the root using a resin-based wax. Potential risks include, but are not limited to: skin irritation, redness, swelling, bruising, breakouts, ingrown hairs, burns, and allergic reactions.

Client Signature: _____ **Date:** _____

General Terms and Conditions:

Medical History and Contraindications:

I have disclosed all relevant medical history, skin conditions, allergies, and medications to the Provider. I understand that certain medical conditions and medications may increase the risk of complications.

I agree to inform the Provider of any changes to my health or medications prior to any future services.

Pre and Post-Care Instructions:

I fully understand that it is my responsibility to follow all pre and post-care instructions provided by the Provider to minimize the risk of adverse reactions and ensure the best possible results.

Results and Expectations:

I understand that results may vary depending on individual skin type, condition, and other factors. No specific results are guaranteed.

Release of Liability:

I have reviewed and comprehended all the risks associated with the services I am receiving, and these risks have been thoroughly explained to me. I hereby release, discharge, and hold harmless the Provider, its employees, agents, and representatives, from any and all claims, liabilities, damages, or expenses related to the services provided. I fully understand and accept the inherent risks associated with advanced esthetics services, and I voluntarily assume these risks.

Emergency Contact Name & Phone:

Client Certification and Signature

By signing below, I certify that I have read and fully understand this Liability Waiver. I agree to the terms and conditions set forth and consent to receive the specified services.

Client Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____